



**Galion City Health Department
Personnel Action Form**

Employee's Name _____ **Date** _____

1. _____
New Home Address New Phone Number

2. _____
New Classification Effective Date Range Step

3. Marital Change Status: ☐ M ☐ D ☐ W Effective Date: _____

4. Leave of Absence: _____
Type Dates

5. Resignation: _____
Reason Effective Date

6. Merit Increase: _____
Classification Anniversary Date
Range Step \$ From \$ To

7. Termination: _____
Reason Effective Date

8. Suspension: _____
Reason Effective Date

9. Change in person to notify in case of emergency: _____
Name

Address Phone Number

10. Appointment: _____
Salary Rate Date Commencing

Department Head Approval Board of Health Approval

Date Date

Additional Comments (please use other side if more space is needed):

