



## 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):

---

---

---

---

---