



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 \_\_\_\_\_

Andrea Barnes
Department Head Approval \_\_\_\_\_ Board of Health Approval \_\_\_\_\_

10/06/23
Date \_\_\_\_\_ Date \_\_\_\_\_

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