



Galion City Health Department Personnel Action Form

Employee's Name _____	Date _____
1. _____ New Home Address	_____ New Phone Number
2. _____ New Classification	_____ Effective Date
_____	_____
3. Marital Change Status: <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> 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):
