



Galion City Health Department
Personnel Action Form

Tina Nichols
Employee's Name

April 22, 2024
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: Neglect of Duty/Inefficiency 04/22/2024
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

Juelle Bug
Board of Health Approval

04/22/2024
Date

4/22/24
Date

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

Five horizontal lines for additional comments.