



Galion City Health Department
Personnel Action Form

Brandi Riddlebaugh
Employee's Name

May 7, 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 \$ 30.00 From \$ 30.50 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

5/7/2024
Date

Date

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

Brandi Riddlebaugh has completed her 6 months probationary period.
Her hourly rate should increase \$0.50 per hour beginning 05/19/2024.