























Galion City Health Department  
Personnel Action Form

Abby Volk  
Employee's Name

12/10/2024  
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: Disease Intervention Specialist  
Classification

Anniversary Date

Range Step \$ 25.00 \$ 26.00  
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

12/10/2024  
Date

Date

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

GCHD Board of Health approved 4% increase on hourly rates across the GCH department to begin  
on the second paycheck in January of 2025.