



Galion City Health Department
Personnel Action Form

Andrea Barnes
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: Health Commissioner Classification Anniversary Date

Range Step \$38.50 From \$40.04 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.



Galion City Health Department
Personnel Action Form

Jamie Ervin
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: Clerical MA Classification Anniversary Date
Range Step \$ 14.00 From \$ 14.56 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):

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



Galion City Health Department
Personnel Action Form

Kori Gillam
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: Clerical MA Classification Anniversary Date
Range Step \$ 14.50 From \$ 15.08 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 (Signature)

Board of Health Approval

Date (12/10/2024)

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.



Galion City Health Department
Personnel Action Form

Marcia Hykes
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: PRN Nurse Classification Anniversary Date

Range Step \$26.00 \$27.04 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 (Signature: Andrea Barnes)

Board of Health Approval

Date (Signature: 12/10/2024)

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.



Galion City Health Department
Personnel Action Form

Jenny Jordan
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: DIS Case Manager, CMA Classification Anniversary Date

Range Step \$ 20.22 From \$ 21.03 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

Andria 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.



Galion City Health Department
Personnel Action Form

Sarah Miley
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: DIS Case Manager, CMA Classification Anniversary Date

Range Step \$48.51 From \$50.45 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 (Signature: Andrea Barnes)

Board of Health Approval

Date (Signature: 12/10/2024)

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.



Galion City Health Department
Personnel Action Form

Leanna Perdue
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: Business Services Officer/Registrar
Classification Anniversary Date
Range Step \$27.81 From \$28.92 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 (Signature)

Board of Health Approval

Date (12/10/2024)

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.



Galion City Health Department
Personnel Action Form

Kim Ponziani
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: Public Health Nurse Classification Anniversary Date

Range Step \$24.87 From \$25.86 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 (Signature: Andrea Barnes)

Board of Health Approval

Date (Signature: 12/10/2024)

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.



Galion City Health Department
Personnel Action Form

Brandi Riddlebaugh
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: Director of Nursing Classification Anniversary Date

Range Step \$30.50 From \$31.72 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
Signature: Andrea Barnes

Board of Health Approval

Date: 12/10/2024

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.



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 From \$ 26.00 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

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.