



Galion City Health Department
Personnel Action Form

Kim Ponziani
Employee's Name

04/04/2025
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: Elimination of PT Public Health Nurse pt. Reason Effective Date 04/02/2025

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

Shellee Roy
Board of Health Approval

04/02/25
Date

04/02/25
Date

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

Clinic numbers are down, immunizations have decreased; no longer need position filled.

BOH approved proposed change on 03/11/2025.

Kim Ponziani's last day was 04/02/2025.