



Gallion City Health Department
Personnel Action Form

Kori Gillam
Employee's Name
Date 03/26/2025

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 12/11/2023

Range
Step
\$ 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: \$16.00/hour
Salary Rate
Date Commencing 04/06/2025

Andrea Barnes
Department Head Approval

Shelle By
Board of Health Approval

3/26/2025
Date

3/27/25
Date

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

Kori Gillam has been performing very well and accepting additional duties within her job including learning medical billing. The increase in pay is within the defined approved salary schedule.