



Galion City Health Department
Personnel Action Form

Kim Ponziani 04/04/2025
Employee's Name 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 pr 04/02/2025
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 Shellee Roy
Department Head Approval Board of Health Approval

04/02/25 04/02/25
Date 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.