galion city
HEALTH DEPARTMENT

Galion City Health Department
Personnel Action Form

Carol Jones
Employee's Name

10/28/2025
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: Failure to pass probationary period (Reason) 10/17/2025 (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

10/28/2025
Date

Board of Health Approval

Date

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

Part time employee, Carol Jones was terminated on 10/16/2025, effective 10/17/25 for failing to meet job duties successfully. A mid-probation review and probationary review was given to the employee.