



Galion City Health Department Personnel Action Form

Employee's Name _____		Date _____	
1.	_____	_____	
	New Home Address	New Phone Number	
2.	_____	_____	_____
	New Classification	Effective Date	Range Step
3.	Marital Change Status: <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> 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: _____		
	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):

