



Galion City Health Department
Personnel Action Form

Jennifer Jordan
Employee's Name

09/08/2026
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: 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 Cinadr
Department Head Approval

Board of Health Approval

9/3/2026
Date

Date

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

An employee retention incentive of \$1081.31 to be paid during a non-paycheck week in October, 2026, approved once per year as a funded by the ODH Workforce Development Grant 23.

