galion city

Galion City Health Department
Personnel Action Form

Kori Gillam — 10/13/2026
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: _____ (Reason) _____ (Effective Date)

8. Suspension: _____ (Reason) _____ (Effective Date)

9. Change in person to notify in case of emergency: _____ (Name)

_____ (Address) _____ (Phone Number)

10. Appointment: $17.48 (Salary Rate) 10/18/2026 (Date Commencing)

Andrea Cinadr
Department Head Approval

Board of Health Approval

10/8/2026
Date

Date

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

Increase hourly rate from $16.48 to $17.48 effective pay period 10/18/2026 for outstanding service to the Galion City Health Department. The position pay rate was too low when compared to similarly sized Ohio local health departments.