

**PERSONNEL ACTION**  
STATE OF OHIO

AGENCY

DIVISION OR INSTITUTION

UNIT OR OFFICE

NO.

FROM:

TO:

NAME		LAST		FIRST		M.I.	DATE OF BIRTH			EDUCATION			
FROM:		LAST		FIRST		M.I.	SEX	MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:													
ADDRESS				STREET				CITY			STATE	ZIP CODE	COUNTY
FROM:				STREET				CITY			STATE	ZIP CODE	COUNTY
TO:													
EFFECTIVE DATE			PAYROLL NUMBER		POSITION CONTROL NO.		BARG UNIT	FLAG	SOCIAL SECURITY NUMBER			HQ COUNTY	
FROM:													
MO	DAY	YR	TO:										
CLASS TITLE					CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM:													
TO:													

<b>APPOINTMENT</b>			<b>CHANGE</b>			<b>SEPARATION</b>			<b>INTERRUPTION</b>															
<input type="checkbox"/> 0 EMERGENCY ENDS ____	<input type="checkbox"/> 1 FULL TIME PERMANENT ENDS ____	<input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____	<input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____	<input type="checkbox"/> 4 PART TIME PERMANENT ENDS ____	<input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____	<input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____	<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____	<input type="checkbox"/> 9 FIXED TERM PER DIEM	<input type="checkbox"/> 10 APPT. DATE CORRECTED	<input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL	<input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL	<input type="checkbox"/> 13 PART TIME INTERIM INTERNAL	<input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL	<input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM	<input type="checkbox"/> 17 ESTABLISHED TERM REGULAR	<input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR	<input type="checkbox"/> 20 FULL TIME DISASTER RELIEF	<input type="checkbox"/> 21 PART TIME DISASTER RELIEF					
<input type="checkbox"/> 1 PROMOTION	<input type="checkbox"/> 2 DEMOTION	<input type="checkbox"/> 3 LATERAL CLASS CHANGE	<input type="checkbox"/> 4 TRANSFER WITHIN AGENCY	<input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES	<input type="checkbox"/> 6 CIVIL SERVICE STATUS	<input type="checkbox"/> 7 NAME	<input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____	<input type="checkbox"/> 9 DISPLACEMENT	<input type="checkbox"/> 10 RATE	<input type="checkbox"/> 11 REASSIGNMENT	<input type="checkbox"/> 12 POSITION CHANGED	<input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____	<input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION	<input type="checkbox"/> 22 CANCEL INTERIM	<input type="checkbox"/> 23 SERVICE CHANGE	<input type="checkbox"/> 26 SSN CORRECTION	<input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT	<input type="checkbox"/> 30 H.Q. COUNTY CHANGE	<input type="checkbox"/> OTHER - SEE REMARKS					
<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL	<input type="checkbox"/> 2 RETIRED	<input type="checkbox"/> 3 DISABILITY RETIREMENT	<input type="checkbox"/> 4 DECEASED	<input type="checkbox"/> 5 REMOVED	<input type="checkbox"/> 6 PROBATIONARY REMOVAL	<input type="checkbox"/> 7 LAID OFF	<input type="checkbox"/> 8 UNCLASSIFIED TERMINATION	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____	<input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____	<input type="checkbox"/> 3 SUSPENSION ENDS ____	<input type="checkbox"/> 6 SEASONAL ENDS ____	<input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____	<input type="checkbox"/> 11 UNION LEAVE ENDS ____	<input type="checkbox"/> 12 END A17 ____	<input type="checkbox"/> 13 END A18 ____	<input type="checkbox"/> 14 LEAVE REDUCTION	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 18 WORKING SUSPENSION
												<b>REINSTATEMENT</b>												
												<input type="checkbox"/> 1 FROM SEPARATION	<input type="checkbox"/> 2 FROM INTERRUPTION	<input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW	<input type="checkbox"/> 4 BY COURT ORDER	<input type="checkbox"/> 5 SEPARATION RESCINDED	<input type="checkbox"/> 7 BY GRIEVANCE	<input type="checkbox"/> 8 BY ARBITRATION AWARD	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____				
												<b>TIME STAMP</b>												

DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS
REMARKS			

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	CERTIFICATION ____
APPROVAL OF APPOINTING AUTHORITY	SIGNATURE	DATE	
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER	DATE