

# Report of Activities for Calendar Year 20\_\_\_\_

## MUNICIPAL CIVIL SERVICE

CITY OF \_\_\_\_\_, OHIO

Present Population: \_\_\_\_\_ Name of Mayor: \_\_\_\_\_

1. CIVIL SERVICE COMMISSION

Date originally organized: \_\_\_\_\_

Present Members	Name	Term Expires
Chairman		
Member		
Member		

Secretary: \_\_\_\_\_

Commission Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. FISCAL OPERATIONS

Appropriations received from City: \_\_\_\_\_

Appropriations received from School Board: \_\_\_\_\_

Expenditures for Calendar Year: \_\_\_\_\_

3. NUMBER OF POSITIONS

Types of Positions	Classified	Classified & Provisional	Unclassified	Total
In Municipal Service				
In Health District Service				
In School Service				

4. NUMBER OF EXAMINATIONS ADMINISTERED

	# of Exams	Applications Filed	Applications Rejected	Did Not Appear	Failed	Passed
Entrance						
Promotional						

\*\*Please attach a separate listing of classifications for which examinations were given\*\*

5. NUMBER OF CERTIFICATIONS AND APPOINTMENTS

Applicants appearing on Certified Lists: \_\_\_\_\_

Appointments from Certified Eligible Lists: \_\_\_\_\_

Total Appointments: \_\_\_\_\_

6. NUMBER OF TERMINATIONS

Resignations	Retirements	Removals	Disability Separations

7. NUMBER OF APPEALS HEARD

Removals	Suspensions	Layoffs	Classifications	Investigations

\*\*Please attach separate documents showing disposition of appeals heard, including all cases appealed to court.\*\*

8. NUMBER OF COURT DECISIONS ISSUED

Number of Court Decisions issued during year on civil service matters in which municipality or municipal employee was a party: \_\_\_\_\_  
Please attach copies of court decisions

9. NUMBER OF ATTORNEY OPINIONS ISSUED

Number of attorney opinions or opinions of special counsel issued during year on civil service matters: \_\_\_\_\_

Signature of Chairman or Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Retain a copy of your completed form for your records.

**PLEASE ATTACH A COPY OF YOUR ANNUAL REPORT, IF AVAILABLE,  
AND A CURRENT COPY OF YOUR  
MUNICIPAL CIVIL SERVICE RULES, IF THEY HAVE BEEN AMENDED  
SINCE YOUR LAST FILING**

**Return your completed form to:**

**State Personnel Board of Review  
65 East State Street, 12<sup>th</sup> Floor  
Columbus, OH 43215  
614-466-7046 / FAX 614-466-6539**

**If you have any questions regarding completion of this Report of Activities form  
please contact SPBR for assistance**