

Report of Activities for Calendar Year 2008

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 & Certified	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, 12th 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**