

Mechanicville Civil Service Commission
Meeting Agenda
March 6, 2024
6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of February 7, 2024 & minutes of February 13, 2024
- 3) Communications – email from Richard Lonergan
- 4) **Report of Personnel Changes**

City of Mechanicville

- a) James DeVito was appointed as Account Clerk (NC) effective 2/19/24
- b) Amanda Brill resigned as Deputy Commissioner of Finance effective 12/1/23
- c) Kyle Woodard resigned as Code Enforcement Officer effective 2/1/24
- d) Cory Wagner resigned as PT Police Officer effective 7/21/23
- e) Cory Wagner was appointed PT Police Officer (NC) effective 2/23/24

Mechanicville School District

- a) The following employees were appointed as permanent effective 3/5/24:
Sandra Degner – Food Service Worker,
Alexa Gwynn, Shannon Mackenzie and Andrea Prairie – Teacher Aides
- b) The following employees were appointed as permanent effective 2/4/24:
Samantha Rivera - Cleaner and Jessica Sivers - Cleaner
- c) Susan Hickey was appointed as Temp. Teacher Aide (NC) effective 1/8/24-6/26/24
- d) Charity Deters-Rasmussen was appointed as Temp. Teacher Aide (NC) effective 1/8/24-6/26/24
- e) Amy DeMarco was appointed as Typist (Prov) effective 3/5/24
- f) Kelly Simons was appointed as Microcomputer Technician (Prov) effective 2/22/24
- g) Lauren Avery was laid off as PT Typist effective 2/16/24
- h) Jessica Ryder resigned as Monitor and Teacher Aide effective 1/19/24

Mechanicville Library

- a) Carrie Shpunt-Motta was appointed as Library Manager (Prov) effective 1/1/24

Mechanicville Housing Authority

- a) Donald Brundage was laid off effective 6/15/23

5.) **Old Business**

- a) Examinations held March 2, 2024
- b) Public Hearing held 2/13/24

6.) **New Business**

- a) Examination scheduled for Librarian 1
- b) Police Officer Examination ordered
- c) Examination Fees Billing Report submitted
- d) Annual Report submitted
- e) Approve Payroll Certifications – Mechanicville Housing Authority & Mechanicville Library
- f) Resolution to amend municipal civil service rules


7.) **Appearances**

8.) **Next Meeting** – April 10, 2024

9.) **Adjournment**

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Finance</u>			
Name And Title of Last Employee In Position : <u>N/A</u>			
Name of Employee: <u>James Devito</u>		Social Security Number: <u>C</u>	
Address:			
Title of Position: <u>Account Clerk</u>		Salary: <u>35.00/hr.</u>	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input checked="" type="checkbox"/> New Position	<u>2/19/2024</u>	Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
			
Appointing Officer: <u>Tamar J. Martin</u>		DATE: <u>2/28/24</u> <u>R. Lindeman</u>	
Title: <u>Commissioner of Finance</u>			
Address: <u>36 North Main Street, Mechanicville NY 12118</u>			
Certificate valid until:		Date: <u>2/19/2024</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Tamar J Martin</u>		Date: <u>2/19/2024</u>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Department of Finance

Name And Title of Last Employee In Position : Amanda Brill - Deputy Commissioner of Finance

Name of Employee: Amanda Brill Social Security Number: _____

Address: _____

Title of Position: Deputy Commissioner of Finance Salary: \$ 47,515.⁰⁰ annually

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<u>12/1/2023</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks

Remarks: error **MECHANICVILLE CIVIL SERVICE COMMISSION**

Appointing Officer: Tamar J. Martin **RECEIVED**

Title: Commissioner of Finance 2/28/24 R. Lindemann

Address: 36 North Main Street, Mechanicville Ny 12118

Certificate valid until: _____ Date: 01/10/2024

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: Tamar J Martin Date: 01/10/2024

**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Building/Codes Department</u>			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Kyle Woodard</u>	Social Security Number:		
Address:			
Title of Position: <u>Code Enforcement Officer</u>	Salary:		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<u>2/1/24</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: <u>Michael J Butler</u>		<u>R. Lindeman</u>	
Title: <u>Mayor</u>		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: <u>36 N. Main Street, Mechanicville, NY 12118</u>		RECEIVED	
Certificate valid until:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. <u>2/27/24</u> Subject to any limitation or condition specified above.</i>			
By: <u>Michael J Butler</u>		Date: <u>2-26-2024</u>	

Letter of Resignation

36 Noth Main St.
Mechanicville, NY 12118

1/12/24
Kyle Woodard
Code Enforcement Officer
City of Mechanicville, NY 12118

Dear Mr. Butler:

This letter is to inform you that I will be leaving my full-time position of Code Enforcement Officer, effective 2/1/24.

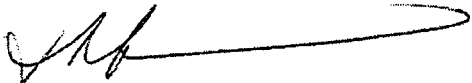
I am willing to work part time on an as-needed basis, At my current hourly rate.

I will continue to work with contractors and the city to coordinate the ongoing Home Grant projects.

Please let me know how you would like to proceed.

Sincerely,

Kyle Woodard



Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: Mechanicville Police Department			
Name And Title of Last Employee In Position :			
Name of Employee: Cory Wagner		Social Security Number: XXXXXXXXXX	
Address:			
Title of Position: Part Time Police Officer			Salary: \$25.00 per hr
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	7/21/2023	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Dennis Baker		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE: <u>7/23/24</u>	
Title: Mayor			
Address: 36 North Main Street, Mechanicville, NY 12118			
Certificate valid until:		Date: <u>7/23/24</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Michael J. Butler</i>		Date: 7-14-2023	

William Rabbitt
Police Chief
Mechanicville Police Department

RECEIVED
CHIEF OF POLICE

JUL 13 2023

July 8, 2023

CITY OF MECHANICVILLE
POLICE DEPARTMENT

Chief Rabbitt,

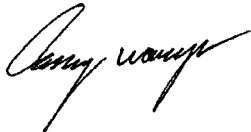
Through this letter I regret to inform you that I am Submitting my resignation from the Mechanicville Police Department as of July 21st, 2023. I am currently employed full time at another department and unfortunately no longer have availability to work Mechanicville as well.

I truly appreciate and thank you for the opportunities that have been given to me through Mechanicville PD, allowing me to grow both personally and professionally. I do not take for granted the time I worked side by side with you and the other Officers of the department.

Please let me know if I can be of service during this transition.

Respectfully,

Cory R. Wagner



**Supplementary Payroll Certification
and Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City **Mechanicville** County Town Village Or District

Department: **Mechanicville Police Department**

Name And Title of Last Employee In Position :

Name of Employee: **Cory Wagner** Social Security Number: *****_**

Address:

Title of Position: **Part Time Police Officer** Salary: **\$25.75 per hr**

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class	02/23/2024	Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Michael Butler *R. Lindeman*
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Mayor **RECEIVED**
2/23/24

Address: 36 North Main Street, Mechanicville, NY 12118

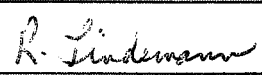
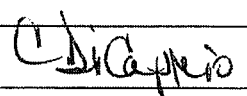
Certificate valid until: _____ Date: _____

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: *Michael J. Butler* Date: **2-23-2024**

**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Sandra Degner					Social Security Number:		
Address:							
Title of Position: Food Service Worker						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent			3/5/24		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio					 MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED Date: 2/2/24		
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:					Date: 1/29/24		
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.							
By: 					Date: 1/29/24		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From:	City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Alexa Gwynn			Social Security Number:	
Address:				
Title of Position: Teacher Aide				Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent	3/5/24	Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation	
	<input type="checkbox"/> Retirement		Give Effective Date	
	<input type="checkbox"/> Deceased		Indicate Date	
	<input type="checkbox"/> Removal		Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
	<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:				
Appointing Officer: Colleen DiCaprio			<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 2/27/24	
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:			Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>CDiCaprio</i>			Date: <i>1/29/24</i>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: <i>Shannon Mackenzie</i>						Social Security Number:	
Address:							
Title of Position: Teacher Aide						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent			3/5/24		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio						<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 2/2/24	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date:	
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.							
By: <i>CDiCaprio</i>						Date: <i>2/2/24</i>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Andrea Prarie						Social Security Number:	
Address:							
Title of Position: Teacher Aide						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent			3/5/24		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio						<i>R. Lideman</i>	
Title: Business Manager						MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: 25 Kniskern Ave. Mechanicville, NY 12118						RECEIVED	
Certificate valid until:						DATE <u>2/22/24</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Colleen DiCaprio</i>						Date: <u>1/29/24</u>	

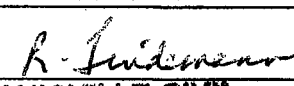
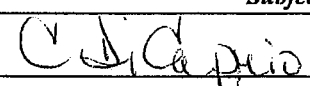
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Samantha Rivera		Social Security Number:	
Address:			
Title of Position: Cleaner		Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	2/4/24	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager		DATE <u>2/2/24</u> <i>R. Lindeman</i>	
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Colleen DiCaprio</i>		Date: <i>1/3/24</i>	

**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Jessica Silvers				Social Security Number:			
Address:							
Title of Position: Cleaner						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent			2/4/24		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio				 MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED Date: 2/2/24			
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:				Date: 1/3/24			
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.							
By: 				Date: 1/3/24			

**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department:

Name And Title of Last Employee In Position :

Name of Employee: Susan Hickey Social Security Number:

Address:

Title of Position: Teacher Aide Salary: \$15.00

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 1/8/24 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Colleen DiCaprio

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: Date: 7/2/24

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: C. DiCaprio Date: 1/10/24

R. Lindeman
**MECHANICVILLE CIVIL
SERVICE COMMISSION**
RECEIVED
DATE: 7/2/24

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Deters-Rasmussen Charity	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary: \$15.00		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 1/8/24 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindeman</i>	
Title: Business Manager		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		RECEIVED	
Certificate valid until:		DATE	Date: 2/2/24
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>CDiCaprio</i>		Date: 1/11/24	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Amy DeMarco			Social Security Number:
Address:			
Title of Position: Typist			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	3/5/24	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		DATE _____	Date: 2/2/24
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Colleen DiCaprio</i>		Date: 2/2/24	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Kelly Simons	Social Security Number:		
Address:			
Title of Position: Microcomputer Tech	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	2/22/24	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
	Terminations	<input type="checkbox"/> Resignation	
<input type="checkbox"/> Retirement			Give Effective Date
<input type="checkbox"/> Deceased			Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindemann</i>	
Title: Business Manager		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		RECEIVED	
Certificate valid until:		DATE <u>2/22/24</u> Date	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Colleen DiCaprio</i>		Date: <u>1/10/24</u>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Lauren Avery					Social Security Number:		
Address:							
Title of Position: Part Time Typist						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer			
	<input type="checkbox"/> Permanent			Return Report of Certification			
	<input type="checkbox"/> Provisional			Attach Application			
	<input type="checkbox"/> Temporary	From	To	State Length of Employment			
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks			
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification			
	<input type="checkbox"/> Provisional Promotion			Attach Nomination			
	<input type="checkbox"/> Non-Competitive Class			Attach Application			
	<input type="checkbox"/> Exempt Class			Submit This Form Only			
	<input type="checkbox"/> Labor Class			Attach Application			
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation			
	<input type="checkbox"/> Retirement			Give Effective Date			
	<input type="checkbox"/> Deceased			Indicate Date			
	<input type="checkbox"/> Removal			Attach Copy of Proceedings			
	<input checked="" type="checkbox"/> Layoff (lack of work or funds)	2-16-24		Give Facts Under Remarks			
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks			
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks			
	<input type="checkbox"/> Transfer			Give Facts Under Remarks			
	<input type="checkbox"/> Demotion			Give Facts Under Remarks			
	<input type="checkbox"/> Suspension			Give Facts Under Remarks			
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks			
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks			
	<input type="checkbox"/> New Position			Submit Form			
	<input type="checkbox"/> Change in Salary			Indicate New Salary			
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks			
	<input type="checkbox"/> Other			Give Facts Under Remarks			
Remarks:							
Appointing Officer: Colleen DiCaprio				<i>R. Linderman</i> MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: Business Manager				RECEIVED			
Address: 25 Kniskern Ave. Mechanicville, NY 12118				DATE: <u>2/2/24</u>			
Certificate valid until:				Date: _____			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>CDiCaprio</i>				Date: <u>2/1/24</u>			

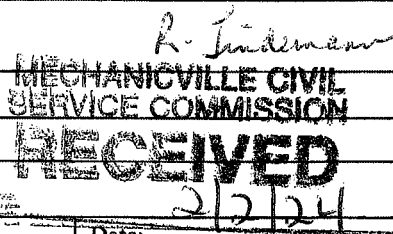
**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Jessica Ryder		Social Security Number:	
Address:			
Title of Position: Monitor			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	1/19/24	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindemann</i>	
Title: Business Manager		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		RECEIVED	
Certificate valid until:		DATE _____	Date: <u>2/2/24</u>
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Colleen DiCaprio</i>		Date: <u>1/25/24</u>	

**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Jessica Ryder					Social Security Number: _____ xx:		
Address:							
Title of Position: Teacher Aide						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent					Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From	To	State Length of Employment	
	<input type="checkbox"/> For Term of Office			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input checked="" type="checkbox"/> Resignation			1/19/24		Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio							
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date: 2/2/24	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Colleen DiCaprio</i>						Date: 1/25/24	



Bornt, Beth <bbornt@mechanicville.org>

Re: Resignations

1 message

O'Brien, Catherine <cobrien@mechanicville.org> Thu, Jan 25, 2024 at 8:06 AM
To: "Pisculli, Josephine" <jpisculli@mechanicville.org>, James DeVito <jdevito@mechanicville.org>, Colleen DiCaprio <cdicaprio@mechanicville.org>, "Bornt, Beth" <bbornt@mechanicville.org>
Cc: "Dieckmann, Don" <ddieckmann@mechanicville.org>

Good morning,
Please confirm Jessica's last day so I can add her resignation to the agenda. Thank you!

On Thu, Jan 25, 2024 at 7:33 AM Pisculli, Josephine <jpisculli@mechanicville.org> wrote:
Jessica's last date of work was Friday, 1/19 - correct, Mr. Dieckmann?

On Wed, Jan 24, 2024 at 5:01 PM Dieckmann, Don <ddieckmann@mechanicville.org> wrote:
FYI, a resignation letter from Jessica Ryder. I would like to keep her on our sub list per my discussion with her.
Thank you. DD

----- Forwarded message -----
From: Jessica <jryder2206@gmail.com>
Date: Wed, Jan 24, 2024 at 4:14 PM
Subject: Resignations
To: Don Dieckmann <ddieckmann@mechanicville.org>

Don,

As you know some extenuating circumstances have arose that require my attention and resulted in my abrupt resignation as a lunch monitor and aide at Augustine Classical Academy. With that being said I would like to still be considered for occasional substitute position if possible. I appreciate your understanding in this matter.

All my best,
Jessica Ryder

--
Donald J. Dieckmann, Jr.
Principal-Mechanicville Elementary School
25 Kniskern Ave.
Mechanicville, NY 12118
(518) 664-7336
ddieckmann@mechanicville.org

--
Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk
(518) 664-5727 ext. 1103



**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Carrre S. Shepant-Motta Social Security Number: _____

Address: _____

Title of Position: Library Manager Salary: \$18.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input checked="" type="checkbox"/> Provisional		<u>1-1-24</u>	Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks: 518-698-6807

Appointing Officer: Michelle Duell MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Director **RECEIVED**

Address: 190 N. Main St. Mechanicville NY 12118 2/27/24

Certificate valid until: _____ Date: R. Lindeman

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: Michelle L Duell Date: 1-2-24

**Supplementary Payroll Certification
and Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville Housing Authority

Name And Title of Last Employee In Position :

Name of Employee: Donald Brundage

Social Security Number: 1

Address: _____

Title of Position: Part Time Maintenance Laborer

Salary: 25.00 an hour

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
<input type="checkbox"/>	Permanent			Return Report of Certification
<input type="checkbox"/>	Provisional			Attach Application
<input type="checkbox"/>	Temporary	From	To	State Length of Employment
<input type="checkbox"/>	Substitute	From	To	Give Facts Under Remarks
<input type="checkbox"/>	For Term of Office	From	To	Give Facts Under Remarks
<input type="checkbox"/>	Permanent Promotion			Return Report of Certification
<input type="checkbox"/>	Provisional Promotion			Attach Nomination
<input type="checkbox"/>	Non-Competitive Class			Attach Application
<input type="checkbox"/>	Exempt Class			Submit This Form Only
<input type="checkbox"/>	Labor Class			Attach Application
Terminations	<input type="checkbox"/>	Resignation		Submit Signed Resignation
	<input type="checkbox"/>	Retirement		Give Effective Date
	<input type="checkbox"/>	Deceased		Indicate Date
	<input type="checkbox"/>	Removal		Attach Copy of Proceedings
	<input checked="" type="checkbox"/>	Layoff (lack of work or funds)	<u>6/15/2023</u>	Give Facts Under Remarks
Other Changes	<input type="checkbox"/>	Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/>	Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/>	Transfer		Give Facts Under Remarks
	<input type="checkbox"/>	Demotion		Give Facts Under Remarks
	<input type="checkbox"/>	Suspension		Give Facts Under Remarks
	<input type="checkbox"/>	Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/>	Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/>	New Position		Submit Form
	<input type="checkbox"/>	Change in Salary		Indicate New Salary
	<input type="checkbox"/>	Change in Name		Give Facts Under Remarks
<input type="checkbox"/>	Other		Give Facts Under Remarks	

Remarks:

Not enough work for employee to justify costs.

Appointing Officer: John Enzler

Title: Executive Director

Address: 2 Hous Ave. Suite 1, Mechanicville, N.Y. 12118

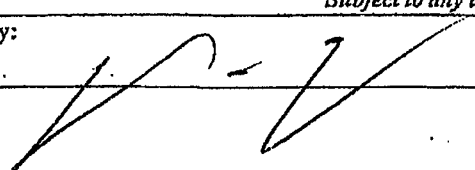
Certificate valid until:

Date:

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By:

Date:



1/10/2024

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

R. Lindemann

DATE

2/23/24

Municipal Billing

CITY OF MECHANICVILLE-- 2023 Examination Fees Billing

Certified By RoseAnn Lindemann on 02/09/2024

Show DCS counts

Exam Number	Exam Title	Exam Date	Exam Fee Count	Application Fee Waiver Count	Bill Count	Fee Description	Application Fee Charged	Exam Services Fee	Amount Due DCS for this Exam	Municipal CS Comments	OFA Comments
Uniform											
63187	POLICE OFFICER	20230909	22								
			22	0	22		\$ 25.00	\$ 12.50	\$ 275.00		
Exam Count											
1	DCS Total		22								
	Municipal Bill Total		22	0	22				\$ 275.00		
Non-Uniform											
66501	DIRECTOR OF INFORMATION TECHNOLOGY	20231202	1								
			1	0	1		\$ 25.00	\$ 12.50	\$ 12.50		
64327	OCCUPANCY SPECIALIST	20230304	1								
			1	0	1		\$ 25.00	\$ 12.50	\$ 12.50		
68992	SAFETY LIAISON	20230304	1								
			1	0	1		\$ 25.00	\$ 12.50	\$ 12.50		
69267	SENIOR LIBRARY CLERK	20230513	2								
			2	0	2		\$ 15.00	\$ 7.50	\$ 15.00		
Exam Count											
4	DCS Total		5								

Municipal Bill Total		5	0	5	\$ 52.50	
Decentralized						
Program Code	Exam Title	Exam Fee Count	Application Fee Waiver Count	Bill Count	First 20 Amount	21 Plus Amount
823	Typist, Clerk, Library Clerk	9	0	9	\$ 45.00	\$ 0.00
Exam Count					Amount Due DCS for this Exam	Amount Due DCS for the Year
1	Municipal Bill Total	9	0	9	\$ 45.00	\$ 45.00
Grand Totals						
Exam Count	Description	Exam Fee Count	Application Fee Waiver Count	Bill Count	Amount Due DCS for the Year	
5	DCS Grand Total	27				
6	Municipal Bill Grand Total	36	0	36	\$ 372.50	\$ 372.50
					Prior Year Debit	\$ 0.00
		2023			Total Amount Due	\$ 372.50

Add Dec

Certify

ANNUAL REPORT TO THE NEW YORK STATE CIVIL SERVICE COMMISSION

Reporting Agency: CITY OF MECHANICVILLE

1. AGENCY STAFF

A. Commissioners or Personnel Officer

Name and Address	Title	Annual Salary	Term Expires
Lindemann, Rose Ann Mechanicville, NY 12118 E-Mail: rose.lindemann@mechanicvillenyny.gov	SECRETARY TO THE COMMISSION	\$5,260.00	N/A
Peluso, Donna Mechanicville, NY 12118 E-Mail: mamoon49@icloud.com	COMMISSIONER	\$826.00	5/31/2024
Robens, Dawnmarie Mechanicville, NY 12118 E-Mail: dawnmarie.robens@mechanicvillenyny.gov	COMMISSION CHAIRPERSON	\$6,628.00	5/31/2028
Thompson, James Mechanicville, NY 12118 E-Mail: jat5059@aol.com	COMMISSIONER	\$826.00	5/31/2026

B. Agency Employees

Name	Title	Annual Salary	Civil Service Hrs Worked Per Week
------	-------	---------------	-----------------------------------

C. Hours and Access

Agency Mailing Address:

4 Industrial Park Road

Mechanicville, NY 12118

Home Page: www.mechanicvilleny.gov/civil-service-commission

Work Phone: (518) 664-9884 Ext: 337

Fax: (518) 664-2245 Ext:

Mon	Tue	Wed	Thu	Fri
	9:00am			9:00am
	11:30			11:30

D. Contact Staff

Name	Functional Area	Telephone	E-Mail

2. COMMISSION MEETINGS

Number of meetings held during calendar year 2023

Regular: 10 Special: 0

3. AGENCY FINANCES

Expenditures 2023

\$19,932

Appropriations 2024

\$0

a. Personnel:

\$17,040

\$0

b. All other:

\$2,892

\$0

All Agencies:

Expenditure used for Merit System Administration \$19,932

Cities Only:

Reimbursed Amt by School District \$12,956

4. EMPLOYEES

County or Town/City Civil Service Agency	Total No of		Comp. Positions	Perm	Competitive Prov	Temp	Non - Competitive			
	Class Positions	Positions					Section 42	Section 55-a	Exempt	Labor
BOARD	111	21	12	9	0	0	53	0	3	34
CITY	47	14	12	2	0	0	20	0	8	5
HOUSING	6	2	2	0	0	0	1	0	1	2
SPECIAL	7	6	6	0	0	0	0	0	0	1
Total	171	43	32	11	0	0	74	0	12	42

5. PROVISIONAL APPOINTMENTS

Name	Title	Dept/Agency	Appt Date	Exam Rq Dt
Bornt, Beth	Administrative Secretary	School	2/23/2023	3/28/2023
Cooper, Kenneth	Engagement Coordinator	School	9/6/2022	9/9/2022
DeMarco, Amy	Typist	School	9/25/2023	7/17/2023
DiCaprio, Colleen	School Business Manager	School	10/30/2023	12/7/2023
Garland, Martin	Superintendent of Streets and Sewers	City	1/1/2022	5/10/2022
Giacomo, Daniel	Network Technician	School	7/31/2023	4/14/2023
Gidley, Brian	Director of Information Technology	School	8/3/2022	8/23/2022
Monroe, Traci	Network Technician	School	7/31/2023	4/14/2023
Muller, Eric	Safety Liaison	School	9/5/2023	9/22/2023
Simons, Kelly	Microcomputer Technician	School	8/22/2023	11/7/2023
Woodard, Kyle	Code Enforcement Officer	City	9/14/2022	10/26/2022

11 Provisional Appointments

6. TEMPORARY APPOINTMENTS

Name	Title	Dept/Agency	Appt Dt	Duration	List	Reason

7. POSITION CLASSIFICATION

Department/Agency	No of Positions Classified	No of Spec. Adopted	Survey Adoption Date
City	1	1	11/1/2023

8. RULE APPENDICE

Title	Dept/Agency	No of Positions	Position Filled Date	Status	Public Hearing Dt	Resolution Submit Dt
Automotive Mechanic/Motor Equipment Operator	City of Mechanicville DPW	1			02/13/2024	

9. EXAMINATIONS

A. Examinations not prepared and rated by NYS Dept of Civil Service

Title of Exam	Type	Exam Date	List Date	No Apps	No Exmd	No Pssd	No Apprd	Prep By	Rated By	Form of Exam

B. Decentralized Exam Conducted under the NYS Dept of Civil Service

Title	Book #	Type	Test Date	CR	List Date	Ex Cd	No Exrmd	No Passed	No Appointed	No on List	No of Prov
Clerk	823	OC	9/23/2023	N	11/1/2023	W	1	1	0	1	0
Typist	823	OC	9/23/2023	N	11/1/2023	W	4	1	0	1	0
Typist Performance Test	000	OC	9/23/2023	N	11/1/2023	P	4	1	0	1	1

10. ACTIVITY NAME

11. CONSULTANT

Activity	Name	Amount

12. PROJECT

Project Name	Project Type

13. PLANS

Major Issues

We are having issues with Assistance Request getting back to us in a timely manner when we send emails.

Projects/Goals

1. Continue to be proactive in ordering examinations before current Eligible Lists expire.
2. Make sure examinations are ordered within 30 days for provisional appointments.

Signed:

Chairperson or Personnel Officer	Date
Commissioner	Date
Commissioner	Date
Secretary to the Commissioner	Date

Electronic Submission Date:

Submitted by: , ()

**City of Mechanicville
Municipal Civil Service Commission**

4 Industrial Park Road
Mechanicville, NY 12118
(518) 664-9884 ext. 337

Dawnmarie Robens, Chairperson *DR*
Donna Peluso, Commissioner
James Thompson, Commissioner
Rose Ann Lindemann, Secretary

**TO: Memorandum for Record
Mechanicville Public Library- ending 1/31/25**

FROM: Dawnmarie Robens

DATE: March 1, 2024

RE: Certification of the Mechanicville Civil Service Commission

.....

The Civil Service Commission hereby certifies that the employees named in this payroll have been appointed to or promoted or employed in the positions and places and rates of compensation shown, in accordance with Civil Service Law and Rules made in pursuance thereof, and are certified through 1/31/2025 unless otherwise noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the Service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall take place.

The Commission truly appreciates your efforts on behalf of Mechanicville Public Library to achieve Civil Service compliance. We look forward to continuing to work with you.

DMR/ral

cc: Michelle Duell

Worksheet

Employee Information	Regular Hours	Salary Amount	Overtime Hours	Vacation Hours	Sick Hours	Personal Hours	Holiday Hours	Bonus Amount	Misc Amount	Notes
Clements, Heather L Rate: 18.00	55.25 /	/								Senior Library Clerk perm
DUELL, MICHELLE L Rate: 18.00	same	3,750.00								Director perm
Gillick, Kimberly J Rate: 15.00	12	/								Cleaner
Jackson, Ambria L Rate: 15.00	20	/			4					Clerk.
Lioffa, Stephanie Rate: 15.00	26	/								Clerk
Neale, Evelyn Rate: 20.00	10	/								Librarian
OEST, EMMA M Rate: 15.00	24	/								Clerk
Shpunt-Motta, Carrie S Rate: 18.00	59.75	/								3.25 OTRS - 24.5 Library Manager perm
Whispell, Kayla Rate: 16.00	77	/								Clerk perm.
PLEASE TOTAL ALL COLUMNS	241.25	3750								

**City of Mechanicville
Municipal Civil Service Commission**

4 Industrial Park Road
Mechanicville, NY 12118
(518) 664-9884 ext. 337

Dawnmarie Robens, Chairperson *DR*
Donna Peluso, Commissioner
James Thompson, Commissioner
Rose Ann Lindemann, Secretary

**TO: Memorandum for Record
Mechanicville Housing Authority - ending 1/31/25**

FROM: Dawnmarie Robens, Chairperson

DATE: March 1, 2024

RE: Certification of the Mechanicville Civil Service Commission

.....

The Civil Service Commission hereby certifies that the employees named in this payroll have been appointed to or promoted or employed in the positions and places and rates of compensation shown, in accordance with Civil Service Law and Rules made in pursuance thereof, and are certified through 1/31/2025 unless otherwise noted. Please note that when any person whose name appears on the estimate, payroll or account shall have been separated from the Service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall take place.

The Commission truly appreciates your efforts on behalf of Mechanicville Housing Authority to achieve Civil Service compliance. We look forward to continuing to working with you in this regard.

DMR/ral

cc: John Enzien

All Salaried employees - 2% raise effective 1/1/2024

Payroll Details

Hours and Earnings			Taxes			Deductions			Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount	
Pay Frequency: Biweekly											
Department: 1 - Office											
Employee: Enzlen, John A											
Regular	0.00		5,316.19	FED FIT	870.30	New York	1.20	3,402.82	FED SOCSEC-ER	328.04	
Holiday	7.00	7.00	0.00	FED SOCSEC	328.04	voluntary disability	24.60		FED MEDCARE-ER	76.72	
			5,316.19	FED	76.72	Health Insurance	0.67		NY SUI-ER	39.22	
				MEDCARE	273.10	Dental Insurance	318.97			448.98	
				NY SIT	19.83	457(b) plan %	345.38				
				NY PFL	1,567.99						
					3,402.82						
<i>Executive Director Salary</i>											
Check Date: 02/02/2024 / Direct Deposit / Checking / Account No: XXXXX											
Employee: McClements, Jacqueline A											
Regular	0.00		1,989.23	FED FIT	142.08	New York	1.20	1,390.55	FED SOCSEC-ER	112.81	
Sick	0.50		0.00	FED SOCSEC	112.80	voluntary disability	167.30		FED MEDCARE-ER	26.38	
Holiday	7.00	7.00	0.00	FED	26.39	Health Insurance	2.45		NY SUI-ER	41.77	
			1,989.23	MEDCARE	78.09	Dental Insurance	61.00			180.96	
				NY SIT	7.42	Loan	231.95				
				NY PFL	366.73						
<i>Admission + Continued Occupancy Specialist Salary</i>											
Check Date: 02/02/2024 / Direct Deposit / Checking / Account No: X											
Employee: McCormack, Nancy M											
Regular	23.73	31.8700	756.28	FED SOCSEC	38.81	New York	1.20	561.25	FED SOCSEC-ER	38.81	
			756.28	FED	9.08	voluntary disability	130.31		FED MEDCARE-ER	9.08	
				MEDCARE	12.81	Health Insurance	131.51		NY SUI-ER	15.88	
				NY SIT	2.82					63.77	
				NY PFL	63.52						
<i>Part Time Hourly</i>											
Check Date: 02/02/2024 / Direct Deposit / Checking / Account No: XXX											
Employee: Simmons, Diana L											
Regular	0.00		1,894.88	FED FIT	92.70	New York	1.20	1,259.28	FED SOCSEC-ER	99.51	
Holiday	7.00	7.00	0.00	FED SOCSEC	99.51	voluntary disability	280.47		FED MEDCARE-ER	23.27	
			1,894.88	FED	23.28	Health Insurance	8.91		NY SUI-ER	39.78	
				MEDCARE	65.13	Dental Insurance	56.83			162.56	
				NY SIT	7.07	414(h) plan %	347.41				
				NY PFL	287.69						
<i>Account Check Salary</i>											
Check Date: 02/02/2024 / Direct Deposit / Checking / Account No: XXXXXXXX7587 \$50.00											
Check Date: 02/02/2024 / Direct Deposit / Checking / Account No: XXXXXXXX8519 \$1,209.28											
Department Totals: 1 - Office											

Payroll Details

Hours and Earnings				Taxes				Deductions				Employer	
Description	Hours	Rate	Amount	Fed	Amount	Deduction	Amount	Net Pay	Liability	Amount		Amount	
Regular	23.73		\$9,956.08	FED FIT	\$1,105.03	New York	\$4.80	\$6,613.90	FED SOCSECE-ER	\$5,794.77			
Sick	0.50		\$0.00	FED SOCSECE	\$579.16	voluntary disability	\$602.88		FED MEDCARE-ER	\$135.45			
Holiday	21.00		\$0.00	FED	\$136.47	Health Insurance	\$11.97		NY SUI-ER	\$136.65			
	45.23		\$9,956.08	MEDCARE	\$429.13	Dental Insurance	\$61.00					\$851.27	
				NY SIT	\$37.14	Loan	\$56.83						
				NY PFL	\$2,285.93	414(h) plan %	\$318.97						
						457(b) plan %	\$1,056.25						
Total Employees - 1 - Office: 4 Department 2 - Maintenance Department Employee: Perkins, Michael Regular 0.00 Vacation 4.00 26.8100 Holiday 8.00 26.8100 12.00 AST # 61484309 <i>Mariamah Balore</i> Salary Check Date: 01/02/2024 / Direct Deposit / Account No: XX 1,513.35													
Department Totals: 2 - Maintenance Department Regular 0.00 Vacation 4.00 Holiday 8.00 12.00 \$2,144.96 \$0.00 \$0.00 \$2,144.96 199.67 126.73 29.64 90.44 8.00 454.48 New York voluntary disability Health Insurance Dental Insurance 414(h) plan % 1.20 -98.41 2.45 75.07 177.13 1,513.35 FED SOCSECE-ER FED MEDCARE-ER NY SUI-ER FED SOCSECE-ER FED MEDCARE-ER NY SUI-ER \$126.73 \$29.64 \$45.04 \$201.41													
Total Employees - 2 - Maintenance Department: 1 Pay Frequency Totals: Biweekly Regular 23.73 Vacation 4.00 Sick 0.50 Holiday 29.00 57.23 \$12,101.04 \$0.00 \$0.00 \$0.00 \$12,101.04 \$1,304.70 \$705.89 \$165.11 \$519.57 \$45.14 \$2,740.41 New York voluntary disability Health Insurance Dental Insurance Loan 414(h) plan % 457(b) plan % \$6.00 \$701.09 \$14.42 \$61.00 \$131.90 \$318.97 \$1,233.38 \$705.90 \$165.09 \$181.69 \$1,052.68													
Total Employees - Biweekly: 5 Company Totals: Regular 23.73 Vacation 4.00 Sick 0.50 Holiday 29.00 57.23 \$12,101.04 \$0.00 \$0.00 \$0.00 \$12,101.04 \$1,304.70 \$705.89 \$165.11 \$519.57 \$45.14 \$2,740.41 New York voluntary disability Health Insurance Dental Insurance Loan 414(h) plan % 457(b) plan % \$6.00 \$701.09 \$14.42 \$61.00 \$131.90 \$318.97 \$1,233.38 \$705.90 \$165.09 \$181.69 \$1,052.68													

Date Printed: 01/31/2024 12:40

Company: MECHANICVILLE HOUSING

AUTHORIT

Check date: 2/2/2024 - Payroll 1

Pay Period: 01/13/2024 to: 01/26/2024

21156531 - RL/NBH

Payroll Details

Hours and Earnings			Taxes			Deductions			Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Next Pay	Liability	Amount	
NY PFL			\$45.14	414(h) plan %	\$131.90						
			\$2,740.41	457(b) plan %	\$318.97						
					\$1,233.38						

Total Employees - Company: 5

I have reviewed the following payroll transactions.

Name [Signature] Date 1/24/24

Date Printed: 01/31/2024 12:40

3 of 3

Company: MECHANICVILLE HOUSING AUTHORITY

Check date: 2/2/2024 - Payroll 1

Pay Period: 01/13/2024 to: 01/26/2024

21156531 - RL/NBH

RESOLUTION TO AMEND MUNICIPAL CIVIL SERVICE RULES

WHEREAS the Mechanicville Civil Service Commission deems it necessary to make certain changes to the Appendices of the Mechanicville Civil Service Rules; AND

WHEREAS the Mechanicville Civil Service Commission has duly advertised and has on February 13, 2024 held a public hearing on the matter;

NOW THEREFORE BE IT RESOLVED that subject to the approval of the State Civil Commission, the following changes be made to the Appendices of the Mechanicville Civil Service Rules:

APPENDIX B – (NON-COMPETITIVE)

ADD: Automotive Mechanic/Motor Equipment Operator

DELETE: Stenographers

Motion to approve: _____

Seconded by: _____

Roll Call:

Chairperson Robens _____

Commissioner Peluso _____

Commissioner Thompson _____