

Mechanicville Civil Service Commission
Meeting Agenda
May 1, 2024
6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of April 10, 2024
- 3) Communications –
Request from CSEA representative for job specifications
Update on examination results from NYS Dept. of Civil Service
- 4) **Report of Personnel Changes**

City of Mechanicville

- a) Derrick Gardner was appointed PT Police Officer (NC) effective 4/19/24

Mechanicville School District

- a) Fatoumata Egombe was appointed as Teacher Aide (NC) effective 4/17/24
- b) Sally Harris was appointed as Teacher Aide (NC) effective 5/3/24
- c) Elizabeth Enzien was appointed as Teacher Aide (NC) effective 5/3/24
- d) Sandra Bobelak was appointed as Teacher Aide (NC) effective 5/3/24
- e) Rebecca Bouchard resigned as Food Service Worker effective 4/5/24
- f) Kelly Simons resigned as Microcomputer Technician effective 4/5/24
- g) Natalie Watson resigned as School Nurse effective 4/5/24

Mechanicville Library

- a) Emma Oest resigned as Clerk effective 3/31/24
- b) Kiara Dion was appointed as Page (L) effective 3/26/24
- c) Tylar McBride was appointed as Page (L) effective 3/29/24

- 5.) **Old Business** – Examination held 4/20/24
- 6.) **New Business**
Examinations to be held June 1, 2024 & July 13, 2024
Approve changes to Library Manager minimum qualifications
- 7.) **Appearances**
- 8.) **Next Meeting** – June 5, 2024
- 9.) **Adjournment**

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: **Derrick Gardner** Social Security Number: **

Address: -

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

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	04/19/2024	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	

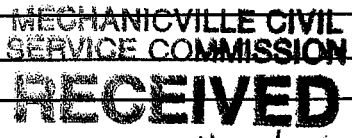
Remarks:

Appointing Officer: **Michael Butler**

Title: **Mayor**

Address: **36 North Main Street, Mechanicville, NY 12118**

Certificate valid until: _____ Date: **4/12/24**

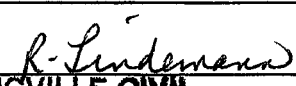
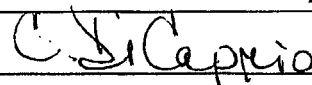


*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: **Michael J. Butler** Date: **4-19-2024**

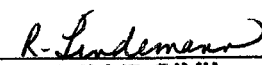
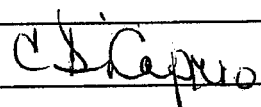
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From: City County Town Village Or District

Department: _____

Name And Title of Last Employee In Position : _____

Name of Employee: **Elizabeth Enzien** Social Security Number: _____

Address: _____

Title of Position: **Teacher Aide** Salary: \$ _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

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Remarks: _____

Appointing Officer: **Colleen DiCaprio** *R. Lindemann*

Title: **Business Manager**

Address: **25 Kniskern Ave. Mechanicville, NY 12118**

Certificate valid until: _____

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 4/19/24

*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: *Colleen DiCaprio* Date: 4/19/24

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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 Bobelak	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	5/3/24	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. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager		DATE: <u>4/12/24</u>	
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>DiCaprio</i>		Date: <u>4/9/24</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: Rebecca Bouchard			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 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	4/5/24	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> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED
Title: Business Manager			DATE <u>4/12/24</u>
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: <u>4/12/24</u>



Mackey, Deborah <dmackey@mechanicville.org>

Resignation Rebecca Bouchard

2 messages

Bouchard, Rebecca <rbouchard@mechanicville.org>
To: Deborah Mackey <dmackey@mechanicville.org>

Thu, Apr 4, 2024 at 6:40 PM

Hi Deb-

I regret to inform you and I apologize for the short notice but I will not be returning to my position after Spring Break. A position that I had applied for months ago has just opened and I will be starting on Monday, April 8th.

Thank you so much for everything,
Rebecca Bouchard

Deborah Mackey <dmackey@mechanicville.org>
To: "Bouchard, Rebecca" <rbouchard@mechanicville.org>

Thu, Apr 4, 2024 at 7:36 PM

Well, good for you!
I hope its a position that you will enjoy!
Stay in touch with the girls, you will surely be missed!
Deb

Sent from my iPad

> On Apr 4, 2024, at 6:40 PM, Bouchard, Rebecca <rbouchard@mechanicville.org> wrote:

>

> Hi Deb-

[Quoted text hidden]

**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: **Kelly Simons** Social Security Number: _____

Address: _____

Title of Position: **Microcomputer Technician** Salary: \$ _____

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"/> 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		4/5/24	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: _____

R. Lindeman
**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

*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: *5/22/24*



Bornt, Beth <bbornt@mechanicville.org>

Fwd: Resignation

1 message

O'Brien, Catherine <cobrien@mechanicville.org>
To: "Bornt, Beth" <bbornt@mechanicville.org>

Fri, Mar 22, 2024 at 8:56 AM

----- Forwarded message -----

From: **Simons, Kelly** <ksimons@mechanicville.org>
Date: Fri, Mar 22, 2024 at 8:47 AM
Subject: Resignation
To: Brian Gidley <bgidley@mechanicville.org>

Good morning Brian,

I am writing to formally announce my resignation from Microcomputer Technician at Mechanicville CSD effective April 5, 2024.

I have appreciated the opportunities for growth and development that I have experienced during my time at Mechanicville CSD. I have enjoyed working with the team and am grateful for the support and guidance I have received.

I will do my best to ensure a smooth transition of my responsibilities over the next two weeks.

Thank you again for the opportunity to be a part of Mechanicville IT Department. I wish Mechanicville CSD and my colleagues the best in the future.

Best regards,

Kelly Simons
Microcomputer Technician
Internal Ext: 7008 External: 518-652-2288
Email: helpdesk@mechanicville.org

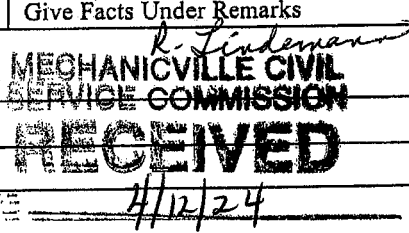


--
Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk
(518) 664-5727 ext. 1103



Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <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: Natalie Watson			Social Security Number:
Address:			
Title of Position: Nurse			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	4/5/24	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:			
<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>			Date: 4/9/24
By: <i>Colleen DiCaprio</i>			Date: 4/9/24

To whom this may concern:

Please accept this letter as my official notice of resignation from my position as school nurse at Mechanicville Elementary, with the last day being today, April 5th, 2024. I'd like to express my appreciation for the opportunity that you have given me during my time here. I've decided that it's in my best interest at this time to move on to another position. I will always be grateful for the experiences that I had working as the school nurse at Mechanicville Elementary.

I have decided to move on from my position at Mechanicville Elementary to pursue other personal and professional goals. This was a difficult decision to make, and I greatly appreciate your time.

Thank you again for the invaluable experiences that you have all provided me, and I wish you continued growth and success in the future.

Sincerely,

Natalie Watson, RN

**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: Hailey Halse, Clerk

Name of Employee: Emma Oest Social Security Number: _____

Address: _____

Title of Position: Clerk Salary: \$15.00 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 checked="" type="checkbox"/> Provisional			Attach Application
	<input checked="" 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>3-31-24</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: _____

MECHANICVILLE CIVIL SERVICE COMMISSION

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N. Main St., Mechanicville Ny 12118

Certificate valid until: _____ Date: 4/19/24

RECEIVED
R. Lindemann

*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 Duell Date: 3-29-24

March 4, 2024

Please accept this letter as my resignation from the position of Clerk from the Mechanicville District Public Library effective March 31, 2024.


Emma Oest

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: Kiara Dion Social Security Number:

Address:

Title of Position: Page Salary: \$15.00 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 checked="" type="checkbox"/> Provisional	<u>3-26-24</u>	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
<i>AL</i>	<input checked="" 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:

MECHANICVILLE CIVIL SERVICE COMMISSION

Appointing Officer: Michelle Duell

RECEIVED

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118 DATE: 4/19/24

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 Duell Date: 3-26-24

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Tyler McBride Social Security Number:

Address:

Title of Position: Page Salary: \$15.00 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 checked="" type="checkbox"/> Provisional	3-29-24	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
R2	<input checked="" 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: Michelle Duell

Title: Director

Address: 190 N. Main St, Mechanicville NY DATE: 4/19/24

Certificate valid until: Date: R. Lindemann

*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 Duell Date: 3-29-24

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

LIBRARY MANAGER

DISTINGUISHING FEATURES OF THE CLASS: Serves as head of a library serving a population from 2,500 to 7,499. This position involves responsibility for simple library functions and administrative tasks. The work involves carrying out library policy as determined by the library board and standard practice. Also works with Public Library System Librarians in planning and implementing library services. Direct supervision is exercised over other library personnel.

TYPICAL WORK ACTIVITIES: (Illustrative only)

Performs simple informational, reference and referral services and directs complex questions to the central library or system;

Recommends building repairs and alterations;

Plans, oversees and conducts library programs on subjects of community interest;

Administers personnel policies established by the board;

Process payroll and schedules for employees;

Communicates with SALS on computer problems and workshops;

Represents the library at community and group meetings;

Administers policies on the purchase and weeding of library materials;

Attends library system workshops and professional meetings;

Recommends appointments, promotions and disciplinary actions.

FULL PERFORMANCE KNOWLEDGE, SKILLS, AND ABILITIES AND PERSONAL CHARACTERISTICS:

Working knowledge of human resources, payroll, filing, organization, policies, supply and material ordering, inventory, Polaris operating system;

Working knowledge of library services and procedures;

Working knowledge of library materials and their use;

Ability to use library computer and audio-visual equipment;

Ability to carry out library policies and procedures; Ability to train library staff;

Ability to plan, coordinate, and supervise the work of others;

Ability to exercise leadership and motivate others;

Ability to establish effective working relationships with community organizations;

Ability to express oneself clearly both orally and in writing to groups and individuals;

Skill and accuracy in the performance of technical library tasks;

Tact and courtesy in dealing with staff and public.

MINIMUM QUALIFICATIONS

1) Two years of college (60 credit hours) from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable practices [with specialization in finance or human resources and/or]; or

2) [Five years clerical experience within a library and/or] Two years experience in a public, academic, or school library where you were responsible for performing patron-oriented, public contact, or technical service duties.

[3) A combination of both.]

Revised 4/18/2023