

Mechanicville Civil Service Commission
Meeting Agenda
April 10, 2024
6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of March 6, 2024
- 3) Communications
- 4) **Report of Personnel Changes**

City of Mechanicville

- a) Martin Garland was removed as Superintendent of Streets and Sewers effective 3/14/24
- b) Tim Higgins was appointed as Building Maintenance Mechanic (NC) effective 3/14/24
- c) Laurence Case was appointed as Code Enforcement Officer (Prov) effective 4/1/24

Mechanicville School District

- a) Lauren Avery was appointed as Temp. Teacher Aide (NC) effective 2/26/24-6/26/24
- b) Eric Muller was appointed as Safety Liaison (Prov) 3/5/24
- c) Patrick Mone resigned as Teacher Aide effective 2/26/24
- d) Tracy Germain resigned as Senior Typist effective 2/19/24 and was appointed as Administrative Secretary (C) effective 2/20/24
- e) Donna Scott was appointed as Monitor (L) effective 3/11/24
- f) Anthony Hunsaker was appointed as Bus Driver (NC) effective 3/5/24
- g) Kelly Simons was appointed as Microcomputer Technician (C) effective 2/22/24

5.) **Old Business**

Network Technician examination held 3/23/24

6.) **New Business**

Approve eligible lists for Typist, Senior Typist and Librarian 1
Approve payroll certification
Examinations to be held June 1, 2024

7.) **Appearances**

8.) **Next Meeting** – May 1, 2024

9.) **Adjournment**

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville DPW

Name And Title of Last Employee In Position : Martin Garland Superintendent Street + Sewer

Name of Employee: Martin Garland Social Security Number: _____

Address: _____

Title of Position: Superintendent Streets + Sewer Salary: _____

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 type="checkbox"/> Resignation | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | Indicate Date |
| | <input checked="" type="checkbox"/> Removal | <u>3/14/24</u> | 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: Terminated pursuant to Civil Service law Section 71

Appointing Officer: Patrick Sgambasi MECHANICVILLE CIVIL SERVICE COMMISSION

Title: DPW Commissioner

Address: _____

Certificate valid until: DATE 3/21/24 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: [Signature] Date: 3/21/24

RECEIVED

R. Lindemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville DPW

Name And Title of Last Employee In Position : Tim Higgins Laborer

Name of Employee: Tim Higgins Social Security Number:

Address:

Title of Position: Building Maintenance Mechanic Salary: \$24.53

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 | <u>3/14/24</u> | 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>3/14/24</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: Patrick Scambato MECHANICVILLE CIVIL SERVICE COMMISSION

Title: DPW Comm **RECEIVED**

Address: 4 Industrial Park Road 3/15/24

Certificate valid until: _____ Date: R. Scambato

*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: Patrick Scambato Date: 3/15/24

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Code Enforcement

Name And Title of Last Employee In Position: Kyle Woodward Code Enforcement Officer

Name of Employee: Laurence A. Case Social Security Number: _____

Address: _____

Title of Position: Code Enforcement Officer Salary: 65,000.00

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

| Appointments | Check Nature Of Personnel Change | Effective Date | Action Necessary By Appointing Officer |
|--|----------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> Permanent <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> For Term of Office <input type="checkbox"/> Permanent Promotion <input type="checkbox"/> Provisional Promotion <input type="checkbox"/> Non-Competitive Class <input type="checkbox"/> Exempt Class <input type="checkbox"/> Labor Class | | <u>4-1-2024</u> | Return Report of Certification |
| | | | Attach Application |
| | | From To | State Length of Employment |
| | | From To | Give Facts Under Remarks |
| | | | Return Report of Certification |
| | | | Attach Nomination |
| | | | Attach Application |
| | | | Submit This Form Only |
| Terminations <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Deceased <input type="checkbox"/> Removal <input type="checkbox"/> Layoff (lack of work or funds) | | | Submit Signed Resignation |
| | | | Give Effective Date |
| | | | Indicate Date |
| | | | Attach Copy of Proceedings |
| | | | Give Facts Under Remarks |
| Other Changes <input type="checkbox"/> Military Leave of Absence <input type="checkbox"/> Other Leave of Absence <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension <input type="checkbox"/> Reinstatement <input type="checkbox"/> Change in Classification <input type="checkbox"/> New Position <input type="checkbox"/> Change in Salary <input type="checkbox"/> Change in Name <input type="checkbox"/> Other | | From To | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | | Submit Form |
| | | | Indicate New Salary |
| | | | Give Facts Under Remarks |
| | | Give Facts Under Remarks | |

Remarks: _____

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

Title: Mayor **RECEIVED**

Address: _____

Certificate valid until: _____ DATE 3/22/24 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: 3-22-2024

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: Lauren Avery | Social Security Number: , | | |
| Address: | | | |
| Title of Position: Teacher Aide | Salary: \$ 15.00/hr | | |
| 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 2/26/24 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> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED | |
| Title: Business Manager | | 3/12/24 Date: | |
| 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>C. DiCaprio</i> | | Date: 3/7/24 | |

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: Eric Muller Social Security Number:

Address:

Title of Position: Safety Liaison Salary:

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 | 3/5/24 | 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 |

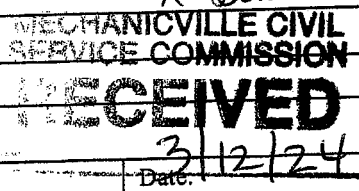
Remarks:

Appointing Officer: Colleen DiCaprio *R. Lindeman*

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until:

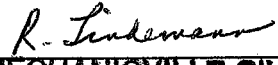
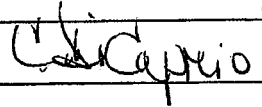


*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.
Subject to any limitation or condition specified above.*

By: *CDiCaprio* Date: 3/7/24

**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: Patrick Mone | | | | | 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 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 | | | 2/26/24 | | 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 | | | | |  MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>3/11/24</u> | | |
| 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> | | | | | | | |
| By:  | | | | | Date: <u>3/10/24</u> | | |

Letter of Resignation

Patrick Mone
40 Brickyard Road
Mechanicville, New York 12118

February 27, 2024

Mechanicville Elementary School
25 Kniskern Ave
Mechanicville, New York 12118

To Whom it May Concern,

Please accept this as formal notice of my resignation from the position of Teacher's Aide at Mechanicville Elementary School, effective February 26, 2024.

After careful consideration, I have made the decision to resign based upon my current health status which will prevent me from carrying out the duties of said position. With that said, working for Mechanicville Elementary School has been a wonderful experience that has afforded me a valuable opportunity to learn and grow, and I am grateful to have been a part of this organization.

I wish you and Mechanicville Elementary School continued growth and success in the future.

Sincerely,

Patrick Mone

**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: Tracy Germain | | | | | Social Security Number: | | |
| Address: | | | | | | | |
| Title of Position: Senior 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 checked="" type="checkbox"/> Resignation | | 2/19/24 | | 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 | | | | | MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 3/11/24 | | |
| Title: Business Manager | | | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | | |
| Certificate valid until: | | | | | Date: 3/11/24 | | |
| <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>C. DiCaprio</i> | | | | | Date: 3/11/24 | | |

February 21,2024

To: Mr. Kolakowski:

I am sending this letter to resign from my Senior typist position effective February 19, 2024 to be appointed Administrative Secretary February 20, 2024.

Thank you

Tracy Germain

**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: Tracy Germain | Social Security Number: 0 | | |
| Address: | | | |
| Title of Position: Administrative Secretary | Salary: \$ 46,285.20 | | |
| 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 | 2/20/24 | 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. Lerdeman</i> | |
| Title: Business Manager | | MECHANICVILLE CIVIL SERVICE COMMISSION | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | RECEIVED | |
| Certificate valid until: | DATE _____ | Date: 3/12/24 | |
| <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>C DiCaprio</i> | | Date: 2/20/24 | |

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: Donna Scott | | | | | 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 checked="" type="checkbox"/> | Permanent | | 3/11/24 | | 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 | |
| Title: Business Manager | | | | | | DATE <u>3/11/24</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>3/11/24</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: Anthony Hunsaker | Social Security Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of Position: Bus Driver | Salary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointments | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Permanent</td> <td align="center">3/5/24</td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From To</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td>Terminations</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td>Other Changes</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</td> </tr> </tbody> </table> | 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 |
| 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 DATE <u>3/11/24</u> Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>3/12/24</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| TITLE OF ELIGIBLE LIST Typist - 24-1 | | MECHANICVILLE CIVIL SERVICE COMMISSION | | | | | Date List Established: 10-Apr-24 Expiration Date: 10-Apr-27 By Commission Action | |
|---|-----------------|---|------------|-----------|-------------|----------------|--|--------------------------|
| Standing on List | NAME | ADDRESS | Exam Score | Vet's Pts | Final Score | Canvass Result | Certifications | Date and Nature of Appt. |
| 1 | Amy DeMarco | | 95 | 0 | 95 | | | |
| 2 | Johnna Pisculli | | 90 | 0 | 90 | | | |

| TITLE OF ELIGIBLE LIST Senior Typist - 24-2 | | MECHANICVILLE CIVIL SERVICE COMMISSION | | | | Date List Established: 10-Apr-24 Expiration Date: 10-Apr-27 By Commission Action | | |
|--|-----------------|---|------------|-----------|-------------|--|----------------|--------------------------|
| Standing on List | NAME | ADDRESS | Exam Score | Vet's Pts | Final Score | Canvass Result | Certifications | Date and Nature of Appt. |
| 1 | Johnna Pisculli | | 90 | 0 | 90 | | | |

| TITLE OF ELIGIBLE LIST Librarian 1 #88077 | | MECHANICVILLE CIVIL SERVICE COMMISSION | | | | Date List Established: 10-Apr-24 Expiration Date: 10-Apr-27 By Commission Action | | |
|--|--------------|---|------------|-----------|-------------|--|----------------|--------------------------|
| Standing on List | NAME | ADDRESS | Exam Score | Vet's Pts | Final Score | Canvass Result | Certifications | Date and Nature of Appt. |
| 1 | Evelyn Neale | | 70 | 0 | 70 | | | |

Prepared by Rose Ann Lindemann *RL*
Checked by Dawnmarie Robens *DR*

**City of Mechanicville
Municipal Civil Service Commission**

4 Industrial Park Road
Mechanicville, NY 12118
(518) 664-7171 ext. 107

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

**TO: Memorandum for Record
City of Mechanicville ending 1/31/25**

FROM: Dawnmarie Robens, Chairperson DR

DATE: March 19, 2024

RE: Certification of the Mechanicville Civil Service Commission

.....

I hereby certify 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 1/31/25 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 the City of Mechanicville to achieve Civil Service Compliance. If you have any questions in regard to this memo, please contact me.

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| Last Name | First Name | Department | Title | Deptm Status | Gross Salary | Hourly |
|-------------|-------------|-----------------------|-----------------------------|--------------|--------------|---------|
| Allen | Richard | Dept. Public Works | HEO | 501000 FT | 59259.2 | |
| Alonzo | Nicholas | Fire Department | 2nd assistant Chief | 341000 PT | 4500 | 25.75 |
| Alonzo | Christopher | Police | Officer | 312000 PT | | 15.68 |
| Baisley | Ethyl | Senior Center | Secretary | 762000 PT | | |
| Blodgett | Cheryl | Accounts | Commissioner of Accounts | 131500 FT | 40632.15 | 25.75 |
| Brady | William | Police | Officer | 312000 PT | | 15.68 |
| Brown | Pat | Senior Center | Secretary | 762000 PT | | |
| Burgess | Michael | Police | Officer | 312000 FT | | 33.776 |
| Butler | Michael | Mayor's office | Mayor | 121000 PT | 12828.36 | |
| Cappabianca | June | Dept. Public Works | Secretary | 149000 FT | 49982.4 | |
| Coreno | Matthew | Sewer Maintenance | Working Supervisor | 812000 FT | 68848 | 16.36 |
| Day | Eileen | Senior Center | Secretary | 762000 PT | | |
| Doty | Stephen | Dept. Public Works | laborer | 501000 FT | 46862.4 | |
| Dunn | Alex | Police | Detective Sergeant | 312000 FT | 40.6276 | 40.6276 |
| Dunn | Matthew | Police | Sergeant | 312000 FT | | |
| Dunn-MFD | Matthew | Fire Department | 1st assistant chief | 341000 PT | 4500 | |
| Dunn-MFD | Nickolas | Fire Department | Fire Chief | 341000 PT | 5000 | |
| Flynn | Gary | Fltnn | Assistant fire inspector | 362000 PT | | 25.56 |
| Gorman | Joyce | Accounts | Accounts Clerk | 131500 PT | | 18.38 |
| Grassman | Stephen | Police | Officer | 312000 PT | | 25.75 |
| Higgins | Timothy | Dept. Public Works | laborer | 501000 FT | 46862.4 | |
| Horn | Donald | Sewer Maintenance | MEO | 812000 FT | 51292.8 | |
| Horner | James | Water Dept | Supervisor | 832000 FT | 68848 | |
| Hosley | Fred | Dept of Public Safety | Commissioner of Public Safe | 301000 PT | 12828.39 | |
| Huehn | Kevin | Dept. Public Works | MEO | 812000 FT | 51292.8 | |
| Kenyon | Gina | Mayor's office | Secretary to Mayor | 121000 FT | 44454.04 | 26.25 |
| Kling | MaryLou | Finance | Deputy Commissioner | 132500 PT | | 36.8107 |
| Lindeman | Matthew | Police | Officer | 312000 FT | | |
| Lindeman | Rose | Civil Service | Secretary | 143000 PT | 6000 | |
| Lucarelli | Michael | Dept Public Works | MEO | 149000 FT | 51292.8 | |
| Martin | Tamar | Finance | Commissioner of Finance | 132500 PT | 12828.36 | |
| McBride | Jordan | Police | Sergeant | 312000 FT | | 40.6276 |
| McClements | Jason | Police | Officer | 312000 FT | | 28.0949 |
| McGuire | Austin | Police | Officer | 312000 PT | | 25.75 |
| McLaughlin | Nathan | Police | Officer | 312000 PT | | 25.75 |
| Meager | Lynn | Animal Control | Animal control officer | 351000 PT | 10634 | |
| Meager | Robert | Water Dept | Operator | 832000 FT | 60016.32 | |
| Murphy | Lyn | Lawyer | Lawyer | 142000 PT | 42761.21 | |
| Rabbitt | William | Police | Chief | 312000 FT | 99745 | |

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|-------------|------------|----------------------------|---------------------|--------|----|-----------------------|
| Rabideau | Joshua | Public Buildings | Cleaner | 162000 | PT | 15 |
| Robens | DawnMarie | Civil Service | Chairperson | 143000 | PT | 15.34 |
| Rose | Kevin | Public Buildings | Cleaner | 162000 | PT | 6777.12 |
| Roy | Aaron | Water Dept | Operator | 832000 | FT | 61672 |
| Roy | William | Police | Officer | 312000 | PT | 25.75 |
| Safford | Alexandria | Police | Officer | 312000 | FT | 25.4181 |
| Sgambati | Patrick | Dept Public Works | Commissioner of DPW | 149000 | FT | 53451.5 |
| Shameti | Daniel | Police | Officer | 312000 | PT | 25.75 |
| Swanson | Nicholas | Police | Officer | 312000 | PT | 25.75 |
| Traina | Vincenzo | Police | Officer | 312000 | FT | 25.4181 |
| Trethaway | Kerri | Accounts | Deputy Commissioner | 131500 | FT | 42000 |
| Turner | April | Dept of Public Safety | Deputy Commissioner | 301000 | FT | 32745.56 |
| Urkevich | Deborah | Bus Operations | Driver | 563000 | PT | 17.97 |
| Vandenburgh | John | Dept of Public Works | Mechanic | 513200 | FT | 59300.8 |
| VanDetta | Daniel | Dept of Public Works | Laborer | 501000 | FT | 46862.4 |
| Vredenburgh | Carl | Public Buildings | Cleaner | 162000 | PT | 18.22 |
| Williams | Letitia | Assessor | Assessor | 135500 | PT | 17500 |
| Woodard | Kyle | Building/ Code enforcement | Inspector | 362000 | FT | (no longer employed) |

Certification of Mechanicville Civil Service Commission:

I hereby certify that, with the exceptions as shown, the employees named in this estimate, payroll or account containing 57 names, have been appointed to or promoted to or employed in the positions, and places, and at the rates of compensation shown, in accordance with the Civil Service Law and the rules made in pursuance thereof, and are members of an appropriate retirement system where such persons are members by mandate in accordance with the retirement and social security law, and are certified through 1/31/25 unless 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 have taken place.

Date March 19, 2024

Signature Rose Ann Lindeman

Title Secretary

Exceptions: _____