

Mechanicville Civil Service Commission
Meeting Agenda
June 7, 2023
4:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of May 3, 2023
- 3) Communications
- 4) **Report of Personnel Changes**

Mechanicville School District

- a) Michael Cefferillo resigned as Monitor effective 5/1/23
- b) Cassandra Christiansen resigned as Teacher Aide effective 5/5/23
- c) Vanessa Fink was removed as Teacher Aide effective 5/19/23
- d) Kelly Guilliano was appointed as Permanent Teacher Aide effective 4/27/23
- e) David Krom resigned as Mechanic effective 5/3/23
- f) David Rose was appointed as Cleaner (L) effective 9/14/22
- g) David Rose received permanent promotion as Cleaner (L) effective 3/14/23
- h) Joseph Stewart was appointed as Cleaner (L) effective 9/14/22
- i) Joseph Stewart received permanent promotion as Cleaner (L) effective 3/14/23
- j) Meghan Warren was appointed as Permanent Chief Information Officer effective 5/3/23 from the Eligible List dated 5/3/23

5.) **Old Business**

NYSAPCSCO Conference update

6.) **New Business**

Police Officer Examination Announcement has been posted

Approve Change in Residence Requirement on Clerk Examination Announcement

7.) **Appearances**

8.) **Next Meeting** – September 6, 2023

9.) **Adjournment**

**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: Michael Cefferillo	Social Security Number:		
Addr: 3			
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	5/1/23	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: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE 5/5/23 R. Linderman Date:	
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: <i>Jodi A. Birch</i>		Date: 5/2/23	

April 18, 2023

Mr. Kevin Kolakowski
Superintendent
Mechanicville School District
25 Kniskern Ave
Mechanicville, NY 12118

RECEIVED

APR 19 2023

BY:

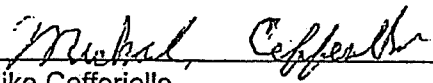


Dear Mr. Kolakowski:

This letter shall serve as notification that I will be retiring from my position as Monitor. The effective date of my retirement will be May 1, 2023.

Thank you and I will see you soon!

Sincerely,



Mike Cefferiello

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: Cassandra Christiansen			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
Terminations	<input checked="" type="checkbox"/> Resignation		5/5/23	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
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	<input type="checkbox"/> Demotion			Give Facts Under Remarks
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	<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: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>5/5/23</u> <i>R. Lindemann</i>	
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>Jodi A. Birch</i>			Date: <u>5/4/23</u>	



Bornt, Beth <bbornt@mechanicville.org>

Fwd: Resignation - Cassandra Christiansen

1 message

Dieckmann, Don <ddieckmann@mechanicville.org>

Mon, Apr 24, 2023 at 4:09 PM

To: Catherine O'Brien <cobrien@mechanicville.org>, Kevin Kolakowski <kkolakowski@mechanicville.org>, Beth Bornt <bbornt@mechanicville.org>, "Pisculli, Josephine" <jpisculli@mechanicville.org>

FYI,

As we will probably be letting some of our aides go at the end of the school year, we will not be asking to post this position and will do our best to absorb this through our substitutes. Thank you. DD

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

From: Christiansen, Cassandra <cchristiansen@mechanicville.org>

Date: Mon, Apr 24, 2023 at 2:21 PM

Subject: Resignation - Cassandra Christiansen

To: Don Dieckmann <ddieckmann@mechanicville.org>

Good afternoon,

After much thought and consideration I am resigning my position here at Mechanicville Elementary. I have been offered a position that is a promotion and moves me closer to my ultimate goal. My last day will be May 5, 2023.

I have really enjoyed my time here and I thank you for the opportunity.

Cassandra Christiansen

--
Donald J. Dieckmann, Jr.

Principal-Mechanicville Elementary School

25 Kniskern Ave.

Mechanicville, NY 12118

(518) 664-7336

ddieckmann@mechanicville.org

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

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Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Vanessa Fink					Social Security Number: X)		
Address:							
Title of Position: <i>Teacher Aide</i>						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 checked="" type="checkbox"/> Removal			5/19/23		Attach Copy of Proceedings <i>N/A</i>	
	<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: <i>still in probationary period</i>							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>6/5/23</u> Date: <i>R. Lindeman</i>	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date: <i>5/22/23</i>	
<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>Jodi A Birch</i>						Date: <i>5/22/23</i>	

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Name And Title of Last Employee In Position :																																																																																					
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Address:																																																																																					
Title of Position: Teacher Aide	Salary:																																																																																				
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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>4/27/23</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	4/27/23	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
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**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: David Krom Social Security Number:

Address:

Title of Position: Mechanic 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			State Length of Employment
	<input type="checkbox"/> For Term of Office			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>5/3/23</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
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	<input type="checkbox"/> Change in Salary			Indicate New Salary
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	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks:

Appointing Officer: Jodi A. Birch

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until:

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 5/5/23 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: Jodi A. Birch Date: 5/2/23

4/25/23, 9:19 AM

MCSO Mail - Fwd: Me.



Birch, Jodi <jbirch@mechanicville.org>

Fwd: Me.

1 message

Pratt, Mike <mpratt@mechanicville.org>
To: Jodi Birch <jbirch@mechanicville.org>

Mon, Apr 24, 2023 at 4:08 PM

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

From: Krom, David <dkrom@mechanicville.org>
Date: Mon, Apr 24, 2023 at 3:07 PM
Subject: Me.
To: Mike Pratt <mpratt@mechanicville.org>

Good afternoon Mike.

This email is to inform you that May 3rd will be my last day of employment at the Mechanicville public school. I appreciate everything you have done for me. Let me know if you need anything else from me.

--
Michael Pratt
Transportation Supervisor
Mechanicville City Schools
25 Kniskern Ave Mechanicville NY 12118
518-664-9881 or ext 1104

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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: David Rose	Social Security Number: _____			
Addre:				
Title of Position: Cleaner	Salary: 16.98			
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	
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	<input checked="" type="checkbox"/> Labor Class	9/14/22	Attach Application	
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	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>5/10/23</u> <i>R. Leanderson</i> <small>Date.</small>		
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: <i>Jodi A. Birch</i>		Date: 5/10/23		

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: David Rose	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Check Nature Of Personnel Change</th> <th style="width: 20%;">Effective Date</th> <th style="width: 40%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Permanent</td> <td></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 checked="" type="checkbox"/> Permanent Promotion</td> <td>3/14/23</td> <td>Return Report of Certification <i>N/A</i></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 checked="" type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> </tbody> </table>	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 checked="" type="checkbox"/> Permanent Promotion	3/14/23	Return Report of Certification <i>N/A</i>	<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 checked="" type="checkbox"/> Labor Class		Attach Application
	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 checked="" type="checkbox"/> Permanent Promotion	3/14/23	Return Report of Certification <i>N/A</i>																												
	<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 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																													
	<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 RECEIVED DATE <u>5/10/23</u> <i>P. J. Jendryak</i>																															
Appointing Officer: Jodi A. Birch																															
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>Jodi A. Birch</i>	Date: 5/10/23																														

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: Joseph Stewart		Social Security Num ^{ber} ----		
Address:				
Title of Position: Cleaner		Salary: 16.98		
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 checked="" type="checkbox"/> Labor Class		9/14/22	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: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED		
Title: Business Manager		DATE <u>5/10/23</u> <i>R. Judeman</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>Jodi A. Birch</i>		Date: 5/10/23		

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: Joseph Stewart		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 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 checked="" type="checkbox"/> Permanent Promotion	3/14/23	Return Report of Certification <i>N/A</i>
	<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 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: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		DATE <u>5/10/23</u> <i>R. Lindeman</i>	
<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>Jodi A. Birch</i>		Date: <u>5/10/23</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: Meghan Warren	Social Security Number:		
Address:			
Title of Position: Chief Information Officer	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	5/3/23	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
Terminations	<input type="checkbox"/> Labor Class		Attach Application
	<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
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	
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:		MECHANICVILLE CIVIL SERVICE COMMISSION	
Appointing Officer: Jodi A. Birch		RECEIVED	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: <u>6/2/23</u> <i>R. Lindner</i>	
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>Jodi Birch</i>		Date: <u>5/23/23</u>	

TITLE OF ELIGIBLE LIST
Chief Information Officer #62154

MECHANICVILLE
CIVIL SERVICE COMMISSION

Prepared by Rose Ann Lindemann
 Checked by Dawmmarie Robens

Date List Established: 3-May-23
 Expiration Date: 3-May-26
 By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Meghan Warren		75	0	75			
2	Mary Dowd		70	0	70			5/3/2023 permanent

John A. Bivitt

RESIDENCE REQUIREMENT CHANGE – CLERK EXAMINATION ANNOUNCEMENT

OLD RESIDENCY REQUIREMENT:

For positions in the City, candidates must be a legal resident of the City of Mechanicville for ONE month prior to the date of the examination. For positions in the School District, candidates must be a legal resident of the School District for ONE month prior to the date of the examination.

NEW RESIDENCY REQUIREMENT:

Candidates must have been a legal resident of Saratoga, Rensselaer, Schenectady, Albany or Washington County for at least 12 months immediately preceding the date of examination. Preference in appointment may be given to successful candidates who have been legal residents of the City of Mechanicville for at least ONE month prior to the date of certification. For positions in the School District, candidates must be a legal resident of the School District for ONE month prior to the date of the examination.