

Mechanicville Civil Service Commission Agenda
August 3, 2022
4:00 p.m.

- 1) **Roll Call**
- 2) **Approval of minutes of meeting July 6, 2022**
- 3) **Communications**
- 4) **MSD 426A – Report of Personnel Change**

City of Mechanicville

- a) Kimberly Noonan retired effective 7/15/2022
- b) Matthew Coreno was appointed temporary Working Supervisor from 8/1/2022-11/30/2022
- c) Frank Izzo retired effective 6/30/2021
- d) Frank Izzo was appointed as cleaner (L) effective 12/13/2021

Mechanicville Housing Authority

- a) Timothy Young was removed effective 10/25/21
- b) Susan France was removed 9/21/18

School

- a) Brian Gidley was appointed Director of Information Technology Temporary per diem from 7/23/22-8/22/22
- b) Brian Gidley was appointed Director of Information Technology (C) Provisional effective 8/23/22

5) **Old Business**

6) **New Business**

Approval of City Payroll, MHA Payroll, and Library Payroll

Approval of two new positions – **Safety Liaison** and **Engagement Coordinator** - at the Mechanicville School District

Approval of Secretary Resolution

- 7) **Appearances**
- 8) **Next Meeting September 7, 2022**
- 9) **Adjournment**

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From:	City <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input type="checkbox"/>
Mechanicville				
Department: <i>Public Safety</i>				
Name And Title of Last Employee In Position : <i>Alyssa Santiago</i>				
Name of Employee: <i>Kimberly J. Noonan</i>			Social Security Number: <i>-</i>	
Address: <i>-</i>				

Title of Position: <i>Account Clerk</i>	Salary: <i>38,972.78</i>
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"/> 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 checked="" type="checkbox"/> Retirement	<i>7/15/2022</i>	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: **RECEIVED**

Title: DATE *7/8/22*

Address: *36 North Main Street, Mechanicville, NY 12118* *Rose Ann Lindeman*

Certificate valid until: _____ Date: _____

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

By: *Frederick Hosley* Date: *6-21-2022*

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Department of Public Works

Name And Title of Last Employee In Position: Paul Gaspie, Working Supervisor

Name of Employee: Matthew Corzono Social Security Number: _____

Address: _____

Title of Position: Working Supervisor Salary: 31.80

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From <u>8-1-2020</u> To <u>11-30-2020</u>	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		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: This position is a temporary assignment until there is a New Commission or Mayor decides it is no longer necessary

Appointing Officer: Michael J. Bender

Title: Mayor

Address: 36 North Main Street Mechanicville, N.Y. 12118

Certificate valid until: _____ Date: 7-12-2022

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

By: _____ Date: _____

MECHANICVILLE CIVIL SERVICE COMMISSION


RECEIVED

DATE 7/12/22

Rerehan Lendemann

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Frank Izzo	Social Security Number:		
Address:			
Title of Position: Cleaner	Salary:		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement	6/30/21	Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Michael Butler		DATE 7/22/22 <i>Roseline Lindemann</i>	
Title: Mayor			
Address: 36 North Main Street 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 Michael J. Butler		Date: 7-22-2022	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>																																		
Department:																																		
Name And Title of Last Employee In Position :																																		
Name of Employee: Frank Izzo	Social Security Number:																																	
Address:																																		
Title of Position: Cleaner	Salary: 15.00																																	
Non-Veteran <input 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 style="text-align: center;">12-13-2021</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 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 checked="" type="checkbox"/> Permanent	12-13-2021	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		Attach Application			
Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer																																
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Terminations	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <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> </tbody> </table>	<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																		
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<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																																
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<input type="checkbox"/> Change in Name		Give Facts Under Remarks																																
<input type="checkbox"/> Other																																		
Remarks:																																		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED </div>																																		
Appointing Officer: Michael Butler	DATE: 7/22/22 <i>Roseanna Landmann</i>																																	
Title: Mayor																																		
Address: 36 North Main Street 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: Michael J. Butler	Date: 7-22-2022																																	

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville Housing Authority

Name And Title of Last Employee In Position: N/A

Name of Employee: Timothy Young Social Security Number: _____

Address: _____

Title of Position: Part Time Maintenance laborer Salary: \$ 20.00 hourly

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			
<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			Attach Copy of Proceedings
Other Changes	<input checked="" type="checkbox"/> Layoff (lack of work or funds)		<u>10/25/2021</u>	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: _____

Appointing Officer: Iohn Szegon

Title: Executive Director

Address: 2 Harris Avenue Mechanicville, NY 12118

Certificate valid until: _____ Date: _____

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

By: [Signature] Date: 7/22/2022

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

DATE 7/26/22 Roseleen 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 Housing Authority

Name And Title of Last Employee In Position: Abigail Bee

Name of Employee: Susan France Social Security Number: _____

Address: _____

Title of Position: Part Time Clerical Salary: 15.00 hourly

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				
<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				Attach Copy of Proceedings
Other Changes	<input checked="" type="checkbox"/> Layoff (lack of work or funds)			<u>9/21/2018</u>	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:

Appointing Officer: John Parize

Title: Executive Director

Address: 2 Harris Avenue, Mechanicville, NY 12118

Certificate valid until: _____ Date: 7/22/2022

*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: 7/22/2022

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

DATE 7/26/22

RoseAnn Lindemann

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: Brian Gidley		Social Security Number:	
Address:			
Title of Position: Director of Information Technology			Salary: \$346.15/day
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 (Per-Diem)	From 07/23/22 To 08/22/22	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: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 7/22/22 <i>Rose Ann Linderman</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 A. Birch</i>		Date: 7/20/22	

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: Brian Gidley						Social Security Number:	
Address:							
Title of Position: Director of Information Technology						Salary: \$89,000/yr	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer		
	<input type="checkbox"/> Permanent				Return Report of Certification		
	<input checked="" type="checkbox"/> Provisional		08/23/2022		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						DATE <u>7/22/22</u>	
Address: 25 Kniskern Ave. Mechanicville, NY 12118						<i>Rose Ann Lindeman</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 A. Birch</i>						Date: 7/20/22	

RESOLUTION

The Mechanicville Civil Service Commission at its meeting held on Wednesday, August 3, 2022, has reviewed the functions and responsibilities of the Commission and the Secretary and;

The Commission has determined that certain functions may be carried out more efficiently and effectively by the Secretary.

NOW, IT IS RESOLVED, that the Secretary of the Mechanicville Civil Service Commission be delegated and is authorized to carry out the following functions:

- Process examinations, including ordering new examinations, preparing announcements and reviewing applications;
- Approve provisional and other temporary appointments to competitive class positions;
- Approve appointments to non-competitive class appointments;
- Approve claims for veterans' and disabled veterans' credits;
- Approve personnel transactions including transfers, leaves of absence and reinstatements;
- Approve extension of Certificate of Eligibles when requested by municipality.

AND, IT IS RESOLVED, that the regular duties of the Secretary shall include the following functions:

- Maintain roster and other personnel records;
- Prepare agenda for meetings and maintain minutes;
- Maintain the classification plan including preparing new and revised class specifications;
- Assist in preparing annual budget;
- Purchase equipment and supplies.

Commissioner

Commissioner

Commissioner

Attest Secretary

Date: _____