

**Mechanicville Civil Service Commission**  
**Meeting Agenda**  
**January 4, 2023**  
**4:00 p.m.**

- 1) Roll Call
- 2) Approval of minutes of December 7, 2022  
Approval of minutes of December 21, 2022
- 3) Communications
- 4) **MSD 426-A – Report of Personnel Changes**

**School District**

- a) Bryan Russell resigned as Network Technician effective 8/12/22
- b) Vanessa Fink resigned as Teacher Aide effective 8/19/22
- c) May Meskunas resigned as Teacher Aide effective 9/2/22
- d) Ashley Strazzi resigned as Nurse effective 8/21/22
- e) Patricia Drescher was appointed Head Cook (NC) effective 9/2/21
- f) Patricia Drescher received a permanent promotion as Head Cook (NC) effective 3/7/22
- g) Patricia Cefferillo resigned as Teacher Aide effective 9/5/22
- h) Patricia Cefferillo was appointed Monitor (L) effective 9/6/22
- i) Karla Monahan received a permanent promotion as Teacher Aide (NC) effective 10/11/22
- j) Jami King was appointed as Teacher Aide (NC) Temp. from 9/28/22-6/23/23

**City of Mechanicville**

- a) Patrick Sgambati resigned as Laborer effective 12/8/22
- 5.) Old Business – None
- 6.) New Business – Approval of Payroll Certification for the Mechanicville School District
- 7.) Appearances
- 8.) Next Meeting February 1, 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: <b>Bryan Russell</b>			Social Security Number:
Address: <b>732 1st Ave, Troy, NY 12182</b>			
Title of Position: <b>Network Technician</b>			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	Type text here	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	08/12/2022	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:			<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>
Appointing Officer: <b>Jodi A. Birch</b>			<b>RECEIVED</b>
Title: <b>Business Manager</b>		DATE	<b>12/20/22</b>
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>			<i>R. 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: <b>12/16/22</b>



**From:** Russell Bryan >  
**To:** kkolakowski@mechanicville.org >  
**Cc:** jbirch@mechanicville.org >  
Yesterday at 12:22

## Letter of Resignation - 07/26/2022

Good morning Mr. Kolakowski,

Please accept this email as my letter of resignation for August 12th, 2022 end of business day.

I want to thank you for everything and I wish you and Mechanicville the best!

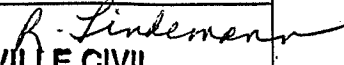
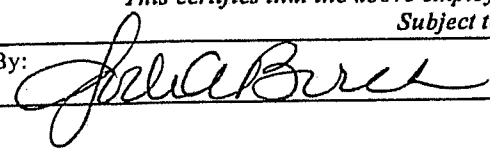
Thank you for your time,

Bryan Russell

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**  
DATE 7/27/22

**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: Vanessa Fink						Social Security Number:	
Address: 24 Carol Jean Ln, Halfmoon, NY 12065							
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"/>	
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>		
	<input type="checkbox"/> Permanent		Type text here		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		
<b>Terminations</b>	<input checked="" type="checkbox"/> Resignation		08/19/2022		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		
<b>Other Changes</b>	<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						 <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>	
Title: Business Manager							
Address: 25 Kniskern Ave.      Mechanicville, NY 12118						DATE <u>12/20/22</u>	
Certificate valid until:						Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Lmv. Subject to any limitation or condition specified above.</i>							
By: 						Date: <u>12/16/22</u>	

8/19/22

To whom it may concern,

I, Vanessa Fink, am writing to formally notify you of my resignation from the position of Teachers Aid with Mechanicville CSD. I will not be returning the 2022-2023 school year . An opportunity has opened up before me which has offered me more freedoms compared to the occupation I currently reside with. Due to the current state of the economy, this opportunity was great and I couldn't turn it down. I have thoroughly enjoyed my time here being a one to one aid and with the staff and all the other students. I would like to thank you for all of the opportunities I have been afforded here.

Sincerely,  
Vanessa Fink.  
518-772-7919

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**  
DATE 12/20/22

**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: <b>May Meskunas</b>			Social Security Number:
Address: <b>2 Van Buren Ave, Mechanicville, NY 12118</b>			
Title of Position: <b>Teacher Aide</b>			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	Type text here	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	09/02/2022	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: <b>Jodi A. Birch</b>			<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>
Title: <b>Business Manager</b>			<b>RECEIVED</b>
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>			DATE <u>12/20/22</u> <i>R. Lindemann</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: <u>12/16/22</u>



O'Brien, Catherine <cobrien@mechanicville.org>

**Fwd: Letter of resignation**

Dieckmann, Don <ddieckmann@mechanicville.org>  
To: Catherine O'Brien <cobrien@mechanicville.org>

Wed, Aug 31, 2022 at 8:25 AM

FYI

----- Forwarded message -----  
From: **Meskunas, May** <mmeskunas@mechanicville.org>  
Date: Wed, Aug 31, 2022 at 8:24 AM  
Subject: Re: Letter of resignation  
To: Dieckmann, Don <ddieckmann@mechanicville.org>

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**  
DATE 12/20/22

Please accept this as my formal resignation from Mechanicville Elementary School as a teacher aide effective September 2, 2022. Know I appreciate the time I have had working for such a great district and will miss the school community immensely.

Regards,

May Meskunas

On Mon, Aug 29, 2022, 10:28 AM Dieckmann, Don <ddieckmann@mechanicville.org> wrote:  
Thank you for this information May, I forwarded this message to the superintendent's office. I wish you luck in your new position.

On Fri, Aug 26, 2022 at 3:18 PM Meskunas, May <mmeskunas@mechanicville.org> wrote:  
Greetings Don,

It is with sadness that I write this email, but please accept this as my formal resignation from Mechanicville Elementary School as an aide. Today I have been offered an opportunity for employment that I cannot pass up. Know I appreciate the time I have had working for such a great district and will miss the school community immensely.

Please let me know if I can help in any way to make the transition as smooth as possible. I am available to work through September 9th if needed.

I can be reached by phone at 518-300-0402 or email at maymeskunas@gmail.com.

Kindly,

May Meskunas

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

[Quoted text hidden]

**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: Ashley Strazzi					Social Security Number: XXX-XX-3261		
Address: 100 North Mohawk St. Cohoes, NY 12047							
Title of Position: Nurse						Salary: \$	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>		
	<input type="checkbox"/> Permanent		Type text here		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		08/21/2022		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						<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b>	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						DATE 12/20/22 Date: <i>R. Sullivan</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Lmv. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>						Date: 12/16/22	



Ashley Strazzi  
100 N. Mohawk St., Apt 2102  
Cohoes, NY 12047

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**  
DATE 12/20/22

August 12, 2022

Mr. Don Dieckmann  
Principal of Mechanicville Elementary  
Mechanicville School District  
25 Kniskern Ave  
Mechanicville NY, 12118

Dear Mr. Don Dieckmann and Mr. Kevin Kolakowski,

I am writing to inform you of my intention to resign from my position as a registered nurse at Mechanicville Elementary. My last day will be August 21st, 2022.

While I have valued the time spent as an employee of the Mechanicville School District, my career goals have changed since I have started working here, and I feel that the time has come for me to pursue another opportunity that is more aligned with my new aspirations.

Thank you for your understanding. Again, I appreciate the time I spent with this wonderful school district. Please feel free to reach out to me at (518) 338-6688 or [ashleycstrazzi@gmail.com](mailto:ashleycstrazzi@gmail.com) if I can be of assistance in the future.

Best wishes for the future.

With gratitude,

Ashley Strazzi  
10/12/2022

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

**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**

Report All Personnel Changes On This Form DATE 12/20/22

From: City  County  Town  Village Or District  *R. Lindeman*

Department: \_\_\_\_\_

Name And Title of Last Employee In Position : \_\_\_\_\_

Name of Employee: Patricia Drescher Social Security Number: \_\_\_\_\_

Address: 660 3rd Ave, Troy, NY 12182

Title of Position: Head Cook Salary: \$15.98 per hr

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input checked="" type="checkbox"/> Non-Competitive Class		<u>09/02/2021</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 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

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: *Jodi A. Birch* Date: 12/16/22

## 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: Patricia Drescher				Social Security Numbr	
Address: 660 3rd Ave., Troy, NY 12182					
Title of Position: Head Cook					Salary: \$ 17.46 per 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 checked="" type="checkbox"/> Permanent	3/7/22		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: Jodi A. Birch				<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b>	
Title: Business Manager					
Address: 25 Kniskern Ave. Mechanicville, NY 12118					
Certificate valid until:				DATE <u>12/20/22</u>	
				Date: <u>R. Lindemann</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <u>Jodi A. Birch</u>				Date: <u>12/16/22</u>	

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

**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**

Report All Personnel Changes On This Form DATE 12/20/22

From: City  County  Town  Village Or District  R. Lindemann

Department: \_\_\_\_\_

Name And Title of Last Employee In Position : \_\_\_\_\_

Name of Employee: Patricia Cefferillo Social Security Number: 1

Address: 89 North Hudson St., Mechanicville, NY 12118

Title of Position: Teacher Aide 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"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<u>09/05/2022</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: \_\_\_\_\_

Appointing Officer: Jodi A. Birch

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: Jodi A. Birch Date: 12/16/22

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**

DATE 12/28/22

*Patricia.Cefferillo*  
89 North Hudson Street  
Mechanicville, New York 12118

June 2, 2022

Christopher Turcio, Principal  
Mechanicville Elementary School  
Kniskern Ave  
Mechanicville, NY 12118

Dear Mr. Turcio,

After working many years in the elementary school as an education aide, I have decided to resign my current position effective September 5, 2022. Working for the school as an aide has been a rewarding experience and I have been fortunate to have worked with so many children.

Sincerely,

*Patricia Cefferillo*

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

**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**

Report All Personnel Changes On This Form DATE 12/20/22

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/> <u>R. Lindemann</u>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Patricia Cefferillo</u>	Social Security Number:		
Address: <u>89 North Hudson St., Mechanicville, NY 12118</u>			
Title of Position: <u>Teacher Aide Monitor</u>	Salary: <u>\$22.19/hour</u>		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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	<u>09/06/2022</u> <u>9/6/22</u>	Attach Application
<b>Terminations</b>	<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
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: <u>Jodi A. Birch</u>			
Title: <u>Business Manager</u>			
Address: <u>25 Kniskern Ave. Mechanicville, NY 12118</u>			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.</i>			
By: <u>Jodi A. Birch</u>			Date: <u>12/16/22</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: Karla Monahan						Social Security Number: 1-000-0709	
Address: 116 S. 2nd Ave Floor 2, Mechanicville, NY 12118							
Title of Position: Teacher Aide						Salary: \$14.25	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	<b>Check Nature Of Personnel Change</b>			<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>	
	<input checked="" type="checkbox"/> Permanent			10/11/2022		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input checked="" type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input 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:						<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b> DATE <u>12/20/22</u> <i>R. Lindemann</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: 12/16/22	

## 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: <b>Jami King</b>			Social Security Numbr
Address: <b>43 Warsaw Ave Apt C, Mechanicville, NY 12118</b>			
Title of Position: <b>Teacher Aide</b>			Salary: <b>\$14.11</b>
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 9/28/22 To 6/23/2023	State Length of Employment
	<input type="checkbox"/> For Term of Office	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input 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			<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b>
Title: Business Manager			
Address: 25 Kniskern Ave.      Mechanicville, NY 12118			DATE <u>12/20/22</u>
Certificate valid until:			Date: <u>R. Jendemann</u>
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Jodi A Birch</u>			Date: <u>12/16/22</u>



**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: <b>Department of Public Works</b>			
Name And Title of Last Employee In Position :			
Name of Employee: <b>Patrick Sgambati</b>	Social Security Number:		
Address:			
Title of Position: <b>Laborer</b>	Salary:		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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
<b>Terminations</b>	<input checked="" type="checkbox"/> Resignation	<b>12-8-22</b>	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
<b>Other Changes</b>	<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	
<b>Remarks:</b>			
Appointing Officer: <b>Michael J. Butler</b>			
Title: <b>Mayor</b>			
Address: <b>36 N. Main Street Mechanicville, N.Y 12118</b>			
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: <b>Michael J. Butler</b>			Date: _____

**MECHANICVILLE CIVIL  
SERVICE COMMISSION**

**RECEIVED**

DATE: 1/3/23

I hereby resign my position of Laborer of Mechanicville Public Work on December 8<sup>th</sup> 2022 at the end of my work day.

As I have officially been sworn in as the Mechanicville Commissioner of Public Works as of December 9, 2022.



Patrick C. Sgambati 2nd

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**  
DATE 12/27/22

**City of Mechanicville**  
**Municipal Civil Service Commission**

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

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

**TO:           Memorandum for Record**  
**Mechanicville School District**

**FROM:       Dawnmarie Robens, Chairperson**

**DATE:       December 21, 2022**

**RE:           Certification of the Mechanicville Civil Service Commission**

.....

I hereby certify that, with the exceptions as shown, 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 9/30/2023 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 School District to achieve Civil Service compliance.

ral

cc:       Mr. Kolakowski

Mechanicville CSD

Exported on: 11/4/2022 at 11:45 AM

Employee Civil Service Listing For 10/14/2022 - 10/14/2022

Employee Name	Building	CS Code	CS Type	CS Title	Std Hrs Per Week	Annual Salary
Agars, Hailey E	01	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
Arceneaux, Mary V	01	TCHR AIDE	Perm	Teacher Aide	32.50	23,820.20
Birch, Jodi	07	BUS MANAGR	Perm	Business Manager	40.00	119,917.00
Boardman, Paula R	03	CLEANER	Perm	Cleaner	40.00	48,460.32
Boornhower, Vera	01	FOODSRVCDIR	Prob	Food Service Director	25.00	13,192.85
Bouchard, Rebecca A	03	FDSRVWRK	Perm	Food Service Worker	27.50	14,654.07
Breen, John T	04	BUSDRVR	Perm	Bus Driver	20.00	16,546.51
Brunick, Colleen A	04	BUS ATT	Perm	Bus Attendant	20.00	10,657.50
Callanan, Britton F	04	BUSDRVR	Perm	Bus Driver	20.00	18,205.51
Callanan, Harold W	04	BUSDRVR	Perm	Bus Driver	20.00	16,966.88
Cantrell, Tracie L	03	FDSRVWRK	Perm	Food Service Worker	20.00	10,857.50
Castillo, Lucas L	01	CLEANER	Prob	Cleaner	40.00	36,318.40
Cefferillo, Gloria J	01	FDSRVWRK	Perm	Food Service Worker	15.00	10,336.44
Cefferillo, Michael J	01	MONITOR	Perm	Monitor	32.50	17,318.44
Cefferillo, Patricia M	03	MONITOR	Prob	Monitor	30.00	24,113.74
Christiansen, Cassandra	03	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Conlen, Jr., John J	04	BUSDRVR	Perm	Bus Driver	20.00	16,546.51
Cooper Jr., Kenneth D	01	FAMENGAGEMENT	Prov	Family Engagement Coord	37.50	40,658.48
Covey, Joshua E	03	LABORER	Perm	Laborer	40.00	38,319.84
Czajkowski, Joanne M	03	Head Cook	Perm	Head Cook	35.00	27,143.51
DeCota, Tonya M	01	CLEANER	Perm	Cleaner	40.00	39,094.40
DeMarco, Amy P	01	TCHR AIDE	Perm	Teacher Aide	32.50	18,925.04
Demers, Carrie M	04	BUSDRVR	Perm	Bus Driver	20.00	21,594.50
Dion, Kristie M	02	TCHR AIDE	Perm	Teacher Aide	32.50	18,925.04
Divirgilio, Kara M	03	TCHR AIDE	Perm	Teacher Aide	32.50	20,355.39
Doin, Jenna N	01	CLEANER	Perm	Cleaner	40.00	38,294.40
Drescher, Patricia A	01	Head Cook	Perm	Head Cook	35.00	22,853.02
Dunn, Kimberly A	01	Admin Secretary	Prov	Administrative Secretary	37.50	41,168.40

Dunn, Paula J	01	CLERK	Perm	Clerk	32.50	33,299.71
Fiacco, Larissa A	01	TCHR AIDE	Perm	Teacher Aide	32.50	20,090.41
Fisher, Jammie M	02	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Germain, Tracy A	01	SR TYPIST	Perm	SENIOR TYPIST	37.50	42,523.20
Gidley, Brian A	01	DIR IT	Prov	Director of Information Tr.	40.00	90,000.00
Gorman, Alice L	03	CLEANER	Perm	Cleaner	40.00	45,832.00
Gowie, Cynthia	01	FDSRVWRK	Perm	Food Service Worker	25.00	13,321.88
Guerrero-Garmley, Mandy L	03	NURSE	Prob	Nurse	35.00	45,003.42
Hastings, Kelly A	01	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Herring, Gloria M	03	TCHR AIDE	Perm	Teacher Aide	32.50	20,355.39
Herrington, James F	04	BUSDRVR	Perm	Bus Driver	20.00	17,953.43
Higgins, Karen L	02	TYPIST	Perm	Typist	35.00	33,645.76
Jesmain, Jamie	04	BUSDRVR	Perm	Bus Driver	20.00	16,828.50
Jones, Ronald W	04	BUSDRVR	Perm	Bus Driver	20.00	16,966.88
King, Jami J	03	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
Krom, David R	04	MECHANIC	Perm	Mechanic	40.00	68,933.76
Larkin, Shane W	04	BUSDRVR	Perm	Bus Driver	20.00	17,460.50
Lavazzo, Vincent P	04	BUSDRVR	Perm	Bus Driver	20.00	16,546.51
Leonard, Sydney N	07	Admin Secretary	Prov	Administrative Secretary	37.50	44,891.04
Lescault, Tamara A	01	SR TYPIST	Perm	SENIOR TYPIST	37.50	44,891.04
MacDonald, Brandy J	01	TCHR AIDE	Perm	Teacher Aide	32.50	20,355.39
Mackey, Deborah A	01	CLEANER	Perm	Cleaner	40.00	37,988.64
Mackey, Deborah A	01	FOODSRVCDIR	Perm	Food Service Director	40.00	69,635.28
Maiello, Mary M	03	CLERK	Perm	Clerk	32.50	24,948.18
Maoriello-Bornt, Beth A	01	TYPIST	Perm	Typist	35.00	29,793.40
Manzer, Joseph H	01	BLDG/GRD SUP	Perm	BUILDING/GROUNDS SUP	40.00	73,065.20
Maynard, Kaylee K	02	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
McAllister, Danielle R	03	FDSRVWRK	Perm	Food Service Worker	15.00	8,949.64
McBride, Steven H	01	BUS ATT	Perm	Bus Attendant	20.00	11,755.50
McCreary, Bryan R	01	GRDS	Perm	Groundskeeper	40.00	32,541.04
Melvin, Dana M	04	NSUPSPEC	Perm	Network Support Speciali	37.50	62,949.90
Merchant, Deborah A	04	BUSDRVR	Perm	Bus Driver	20.00	21,594.50
Miller, Katrina M	03	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
Miller, Katrina M	03	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71

Monahan, Karla Y	01	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Morelli, Darlene M	04	BUS ATT	Perm	Bus Attendant	20.00	14,260.36
Muscato, Jennifer L	01	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Nelson, Anna R	03	MONITOR	Prob	Monitor	32.50	17,150.71
Perkins, Karen M	03	MONITOR	Perm	Monitor	15.00	10,024.80
Petrie, David W		SAFETY	Prov	Safety Liaison	37.50	34,796.03
Pisculli, Johanna L	01	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Pisculli, Josephine D	03	SR TYPIST	Perm	SENIOR TYPIST	37.50	39,324.70
Pratt, Michael J	04	TRANSUPV	Perm	Transportation Superviso	40.00	91,587.76
Pratt, Sandra L	04	BUSDRVR	Perm	Bus Driver	20.00	18,982.62
Retell, Daniel R	03	CLEANER	Perm	Cleaner	40.00	38,294.40
Rorick, Stacey L	01	FDSRVWRK	Perm	Food Service Worker	27.50	14,654.07
Rose, Charlotte F	04	BUSDRVR	Perm	Bus Driver	20.00	18,375.30
Rose, Helen L	01	Head Cook	Perm	Head Cook	35.00	36,302.79
Scherl, Melissa A	03	TCHR AIDE	Perm	Teacher Aide	32.50	17,968.44
Sikamiotis, Barbara A	01	NURSE	Perm	Nurse	35.00	46,303.42
Sivers, Jordan M	01	LABORER	Prob	Laborer	40.00	38,358.40
Smith, Maryann	04	BUS ATT	Perm	Bus Attendant	20.00	10,657.50
Sowle, Hannah M	02	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
Stalker, Deborah A	04	BUSDRVR	Prob	Bus Driver	30.00	24,212.76
Toleman, Breanna C	03	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Toleman, Kristee-Lynn A	03	TCHR AIDE	Perm	Teacher Aide	32.50	17,318.44
Topetro, Jennifer N	03	TYPIST	Perm	Typist	35.00	29,793.40
Tuttle, Amanda L	04	BUS ATT	Perm	Bus Attendant	20.00	11,007.50
Ubrich, Mary T	02	MONITOR	Perm	Monitor	20.00	11,007.50
Urkevich, Deborah L	04	TCHR AIDE	Perm	Teacher Aide	32.50	21,261.86
Viall, Gary G	04	BUSDRVR	Perm	Bus Driver	20.00	17,460.50
Vredenburg, Carl J	01	MECHANIC	Perm	Mechanic	40.00	48,613.76
Waldron, Rachael A	01	LABORER	Perm	Laborer	40.00	49,309.44
Warren, Meghan M	03	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71
Wickham, Patricia L	02	CIO	Prov	Chief Information Officer	40.00	99,615.36
Wilkie, Nathan	03	TCHR AIDE	Perm	Teacher Aide	32.50	18,436.41
Wroblewski, Molly	01	LABORER	Perm	Laborer	40.00	38,016.16
	03	TCHR AIDE	Prob	Teacher Aide	32.50	17,150.71

Wynn, Alycia A	01	CLERK	Perm	Clerk	32.50	19,648.27
Zielnicki, Daniel J	03	LABORER	Perm	Laborer	40.00	52,630.88



I HEREBY CERTIFY THAT THE PERSONS NAMED IN THE FOREGOING PAYROLL ARE EMPLOYED SOLELY IN AND HAVE ACTUALLY PERFORMED THE PROPER DUTIES OF POSITIONS AND EMPLOYMENTS INDICATED, AND THAT THE PERSONS DESCRIBED HEREIN AS LABORERS ARE EMPLOYED AT ORDINARY UNSKILLED LABOR ONLY THAT SAID PAYROLL FOR THE PAYROLL PERIOD COMMENCING ON 10/14/2022 AND ENDING ON 10/14/2022 IS APPROVED AT \$ 134,144.81 DOLLARS, (VALUE WRITTEN OUT) one hundred thirty four thousand one hundred and forty four AND IS CERTIFIED FOR PAYMENT FROM THE APPROPRIATIONS AUTHORIZED, AND THAT THE PERSONS NAMED HEREIN, EXCEPT THOSE APPOINTED AND EMPLOYED AS LABORERS, HAVE TAKEN AND FILED THE CONSTITUTIONAL OATH IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 574, LAWS OF 1917.

11/14/2022 DATE [Signature] SIGNATURE Business Manager TITLE

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 \_\_\_\_\_ NAMES, HAVE BEEN APPOINTED TO OR PROMOTED TO OR EMPLOYED IN THE POSITIONS, AND PLACES, AND AT THE RATES OF COMPENSATION SHOWS, 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 9/30/23 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 HAVE TAKEN PLACE.

12/21/22 DATE [Signature] SIGNATURE Secretary TITLE

EXCEPTIONS: \_\_\_\_\_