Mechanicville Civil Service Commission Meeting Agenda July 6, 2022 4:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of June 1, 2022
- 3) Communications
- 4) MSD 426-A Report of Personnel Changes

City of Mechanicville

- a) Matthew Coreno was appointed temporary Working Supervisor effective from 6/2/22 to 7/31/22
- b) Mike Ronda resigned effective 4/21/22
- c) Donald Horn was appointed as Laborer (L) effective 6/3/22
- d) David Sims was removed from his position as Laborer effective 5/6/22
- e) Andrew Thomas Hollenbeck was appointed as Cleaner (provisional) (L) effective 5/16/22
- f) Evie Loatman was appointed as temporary Recreational Leader (NC) from 6/27/22 to 8/27/22
- g) Lauren Roberts was appointed as temporary Recreation Leader (NC) from 6/27/22 to 8/27/22
- h) Brianna Amidon was appointed as temporary Recreation Leader (NC) from 6/27/22 to 8/27/22
- i) Ethan Turner was appointed as temporary Recreation Supervisor from 6/27/22 to 8/27/22

Salary Changes for Department of Public Works effective 1/1/22:

- a) Dan Vandetta (Laborer) to \$21,23/hr
- b) Dave Sims (Laborer) to \$21.23/hr
- c) Mike Gaudette (Laborer) to \$21.23/hr
- d) Mike Ronda (MEO) to \$23.36/hr
- e) Marc DeBates (MEO) to \$23.36/hr
- f) Matthew Coreno (HEO) to \$27.19/hr
- g) Rich Allen to (HEO) \$27.19/hr
- h) June Cappabianca (Clerk) to \$22.73/hr
- i) Aaron Roy (Water Plant Operator) to \$27.21/hr
- j) Bob Meager (Water Plant Operator) to \$27/21/hr
- k) Jim Horner (Water Plant Supv.) to \$31.80/hr

Mechanicville Housing Authority

- a) Nancy McCormack retired effective 2/8/22
- b) Nancy McCormack was reinstated as Admissions & Continued Occupancy Specialist PT per diem as needed effective 2/10/22

School

- a) Karla Monahan was appointed as temporary Teacher Aide (NC) from 4/11/22 to 6/30/22
- b) Joshua Rabideau resigned as Laborer effective 6/20/22
- c) Crystal Heier-Fitzpatrick was removed as cleaner effective 6/30/22
- d) Jordan Sivers resigned as Monitor effective 6/30/22
- e) Jordan Sivers appointed as Laborer (L) effective 7/1/22

Library

- a) Heather Thomas was removed as Clerk effective 6/17/22
- b) Jammie Fisher was appointed Clerk (Provisional) effective 6/22/22
- 5.) Old Business

Examinations were held on June 11 at the Mechanicville Library

6.) New Business - Police Officer Examination has been ordered

Approval of new position of Director of IT at the Mechanicville City School District

- 7.) Appearances
- 8.) Next Meeting Sept. 7, 2022
- 9.) Adjournment

Report All Personnel Changes On This Form.

| From: City | County | Town 🗌 Vi | llage Or District | | |
|--------------------------|---------------------------------------|----------------------------------|---|--|--|
| Department: De | partment of Pul | olic Works Vking Sugarnisar | | | |
| Name And Title of La | st Employee In Position: | 1 | | | |
| | Paul Gaspie, Wa | Tking Surerusor | | | |
| Name of Employee: | thew Coreno | Sc | cial Security Number: | | |
| Address: | - 1 | | 1 1/ 1 1 1 1 | | |
| <u> </u> | | , | | | |
| Title of Position: 4 | Jorking Supervisi | or | Salary: 31.80 | | |
| Non-Veteran | Veteran Disabled V | eteran Exempt | Volunteer Firefighter | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| | Personnel Change | | Appointing Officer | | |
| | Permanent | | | | |
| | Provisional | | Return Report of Certification | | |
| | X Temporary | From 6 2/22 To 7 31/22 | Attach Application State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | 110111 | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | Labor Class | | Attach Application | | |
| Terminations | Resignation | | Submit Signed Resignation | | |
| | ☐ Retirement | | Give Effective Date | | |
| | ☐ Deceased | | Indicate Date | | |
| | Removal | | Attach Copy of Proceedings | | |
| · | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | Transfer | | Give Facts Under Remarks | | |
| | Demotion | | Give Facts Under Remarks | | |
| } | Suspension Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks | | |
| | New Position | | Give Facts Under Remarks Submit Form | | |
| | Change in Salary | | Indicate New Salary | | |
| • | Change in Name | | Give Facts Under Remarks | | |
| | Other | | Give Facts Under Remarks | | |
| Remarks: TVrs | | porary assignmen | | | |
| New Comm | 1 | | - Link: 1. there is a | | |
| Appointing Officer: | Main la la la Com | over obed got 15 | no langer streetsony | | |
| Title: Manage | M. B. | vev. | | | |
| Address: | | | | | |
| 36 N. 1 | Main Street Mecha | niculle, NY 12118 | | | |
| Certificate valid until: | | 27 | Date: 1. 2/22 | | |
| This certifi | ies that the above employment is in a | | | | |
| D | Subject to any limital | tion or condition specified abov | | | |
| By: | | MEC | Date: CIVIL | | |
| | | SER | VICE COMMISSION | | |
| | | | ECEN/ED | | |
| | | | | | |
| | | DATE | <u>ie 3 22</u> | | |
| | | | 0.00 | | |
| | | | | | |

| Гъ | Report All P | ersonnel Changes On Th | nis Form |
|-------------------|---------------------------------------|--------------------------------|---|
| From: City | Mechanicy 1 Te | own Village | Or District |
| Department: | DD W | | |
| Name And Titl | e of Last Employee In Position : | _ | |
| | | AVB FUSCO |) |
| Name of Emplo | Mike Ronde | | Social Security Number: |
| Address: | 4.45 | . 17 | |
| Title of Position | 10.10rious | | , , , , ,) |
| Title of Tosition | " MFO | • | Salary: |
| Non-Veteran | Veteran Disal | oled Veteran Exemp | |
| Appointments | Check Nature Of | | pt Volunteer Firefighter 🗌 |
| | Personnel Change | Effective Date | Action Necessary By |
| | Permanent | | Appointing Officer |
| | Provisional | | Return Report of Certification |
| | | | Attach Application |
| | ☐ Temporary ☐ Substitute | From To | State Length of Employment |
| | | From To | Give Facts Under Remarks |
| | For Term of Office | From To | Give Facts Under Remarks |
| i | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| T | Labor Class | | Attach Application |
| Terminations | X Resignation | 4/21/22 | Submit Signed Resignation |
| | Retirement | ,, | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other | Military Leave of Absence | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| <u> </u> | Transfer | | Give Facts Under Remarks |
| <u> </u> | Demotion | | Give Facts Under Remarks |
| | ■ Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | ☐ Change in Classification | | Give Facts Under Remarks |
| | ☐ New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | ☐ Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks Give Facts Under Remarks |
| Remarks: | | | Give Facts Olider Remarks |
| Appointing Offic | ore A | | |
| | H OTHER | 199105 | |
| Title: | Commissioner o | of Public | WOOKS |
| Address: | 4 Produstrial | | 101/6 NY/2/18 |
| Certificate valid | until: | THIN KU! VI. | Date: |
| This cer | tifies that the above employment is i | n accordance with Law and | Rules made in pursuance to Law |
| | Subject to any limi | itation or condition specified | i above. |
| By: | all lites | | Date: \$\\ 23\\ 22_ |
| | | | |

Ruedim Lindemann 5/24/22

| | Report All P | ersonnel Changes On This | Form |
|-------------------|---|--|--|
| From: City | County T | own Village Or | District |
| Department: | DPW | _ | |
| Name And Titl | e of Last Employee In Position: | | |
| | | Milbe Ronda | |
| Name of Emplo | oyee: Donald Horm | | Social Security Number: |
| Address: | | | |
| | | | 113 |
| Title of Position | : LAborer | | Salary: 19 23 |
| Non-Veteran | | oled Veteran Exempt | |
| Appointments | Check Nature Of | Effective Date | Volunteer Firefighter |
| | Personnel Change | Effective Date | Action Necessary By |
| | Permanent | 12/22 | Appointing Officer |
| | Provisional | 6/3/22 | Return Report of Certification |
| | Temporary | From To | Attach Application |
| | Substitute | From To | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | 1011 10 | Give Facts Under Remarks |
| | Provisional Promotion | | Return Report of Certification |
| | ☐ Non-Competitive Class | | Attach Nomination |
| | Exempt Class | | Attach Application |
| | Labor Class | | Submit This Form Only |
| Terminations | Resignation | | Attach Application Submit Signed Resignation |
| ļ | Retirement | | Give Effective Date |
| [| Deceased | | Indicate Date |
| ļ | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other | Military Leave of Absence | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| ļ | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| <u>ļ</u> | Suspension | | Give Facts Under Remarks |
| <u> </u> | Reinstatement | | Give Facts Under Remarks |
| ļ. | ☐ Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| - | Change in Name | | Give Facts Under Remarks |
|) | ☐ Other | | Give Facts Under Remarks |
| Remarks: | | | |
| Appointing Offic | er: DAVID Higs | 31/25 | |
| itle: | Commissioner |) | |
| ddress: | | 2] | 21/ (21)/ (21/8 |
| Certificate valid | Tablestrial Park A | 21. Mechanico | |
| | | n googlanga with Terra In | Date: |
| | tifies that the above employment is i. Subject to any limi | n accoraance with Law and Ru Itation or condition specified a | ues made in pursuance to Law. bove. |
| y: | 11/1/2- | | Date: (72/27 |
| | | | 1 3/00/66 |

Resellun Lindemann 5/24/22

| | Report All P | ersonnel Changes On T | his Form |
|-------------------|--|---|---|
| From: City | County [| Town ☐ Village | Or District |
| Department: | 2011 | | |
| | DPW | | |
| Name And Tit | le of Last Employee In Position: | | |
| Name of Empl | lovee: | huid Stans | |
| | loyee: DAYID Sim | 15 | Social Security Number: |
| Address: | · - | - 4 | |
| Title of Positio | ni dinami y | . () Y / / / / / / / / / | - · · · · · · · · · · · · · · · · · · · |
| Thie of Fositio | " CAborer | | Salary: 21.03 |
| Non-Veteran [| | oled Veteran Exem | |
| Appointments | | | pt Volunteer Firefighter 🗌 |
| | Personnel Change | Effective Date | Action Necessary By |
| | Permanent | | Appointing Officer |
| • | Provisional | | Return Report of Certification |
| | Temporary | F | Attach Application |
| | Substitute | From To | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | From To | Give Facts Under Remarks |
| | ☐ Provisional Promotion | | Return Report of Certification |
| | ☐ Non-Competitive Class | | Attach Nomination |
| | Exempt Class | | Attach Application |
| | Labor Class | | Submit This Form Only |
| Terminations | Resignation | | Attach Application |
| | Retirement | | Submit Signed Resignation Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal Removal | 5/6/22 | Attach Copy of Proceedings |
| ····· | Layoff (lack of work or funds) | 210/88 | Give Facts Under Remarks |
| Other | ☐ Military Leave of Absence | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| ļ | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| ļ | Change in Classification | | Give Facts Under Remarks |
| - | New Position | | Submit Form |
| } | Change in Salary | | Indicate New Salary |
| } | Change in Name | | Give Facts Under Remarks |
| Remarks: | ☐ Other | | Give Facts Under Remarks |
| Xemarks; | | | |
| Appointing Office | cer: Dans II's | ~. C | |
| itle: | | ins Colle | |
| ddress: | COMMISSIONER | | WOLKS |
| | 4 Industrial | Park Rd. | Maile WYINIX |
| Certificate valid | | | Date: |
| This cei | rtifies that the above employment is i Subject to any lim | n accordance with Law and itation or condition specified | Rules made in pursuance to Law. |
| y: | | | Date: |
| | (N) 1/E> | ~ | Date: 5 23/22 |

Roseann Lindemann 5/24/22

Report All Personnel Changes On This Form.

| From: C | City X County | Town | Village Or District | | |
|---------------------|---|---------------------------|---------------------------------|--|--|
| Department: | | | Things of District | | |
| Name And Title o | f Last Employee In Position: | ~ | | | |
| Traine Find Title 6 | Last Employee III I osition . | Frank Iz | 70 | | |
| Name of Employe | Andrew Thomas Hol | lenbeck | Social Security Number: | | |
| Address: | 7.70000 7.70000 | 1 11 | J | | |
| Title of Position: | Cleaner | | Salary: 815.00perhs | | |
| Non-Veteran | Veteran Disabled \ | /eteran | npt Volunteer Firefighter | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| | Personnel Change | Directive Bute | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | X Provisional | 5/16/22 | Attach Application | | |
| | Temporary | From To | State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | X Labor Class | | Attach Application | | |
| Terminations | Resignation | | Submit Signed Resignation | | |
| | Retirement | | Give Effective Date | | |
| | ☐ Deceased | | Indicate Date | | |
| | Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other Changes | ☐ Military Leave of Absence | | Give Facts Under Remarks | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | Transfer | | Give Facts Under Remarks | | |
| | ☐ Demotion | | Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| | Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks | | |
| | New Position | | Submit Form | | |
| | Change in Salary | | Indicate New Salary | | |
| | Change in Name | | Give Facts Under Remarks | | |
| | Other | | Give Facts Under Remarks | | |
| Remarks: | | | | | |
| Appointing Office | " Michael Butler | | | | |
| Title: May | | | | | |
| | North Main Street N | nechanicuille. | NY 12118 | | |
| Certificate valid u | | • | Date: 5-16-2012 | | |
| This co | ertifies that the above employment is in a Subject to any limita | accordance with Law and I | Rules made in pursuance to Law. | | |
| Ву(), О | | | Date: | | |
| Marke | ely Buder | <u> </u> | 2-93-9095 | | |

6/7/22 Rose an Lindemann

| | Report All Personnel Changes On This Form. | | | | | |
|-------------------|---|---|---|--|--|--|
| From: City | | wn Village Or D | | | | |
| Department: | Department: Pusic Satety | | | | | |
| Name And Title | of Last Employee In Position: | | | | | |
| Name of Emplo | yee: Eule A.R | Loatman so | cial Security Number: 1000 | | | |
| Address: | , | -11VL 1112 | | | | |
| Title of Position | · Remational ha | der | Salary: 4. 13.75 | | | |
| Non-Veteran | Veteran Disabl | ed Veteran Exempt Ve | olunteer Firefighter 🗌 | | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | | |
| - 11 | Personnel Change | | Appointing Officer | | | |
| | Permanent | | Return Report of Certification | | | |
| | ☐ Provisional | | Attach Application | | | |
| | ☑ Temporary | From 6/27/22 To 8/27/22 | State Length of Employment | | | |
| | Substitute | From To | Give Facts Under Remarks | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | | |
| | Permanent Promotion | | Return Report of Certification | | | |
| | Provisional Promotion | | Attach Nomination | | | |
| | ■ Non-Competitive Class | | Attach Application | | | |
| | Exempt Class | | Submit This Form Only | | | |
| | Labor Class | | Attach Application | | | |
| Terminations | Resignation | | Submit Signed Resignation | | | |
| | Retirement | | Give Effective Date | | | |
| | ☐ Deceased | | Indicate Date | | | |
| : | Removal | | Attach Copy of Proceedings | | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | | |
| Other | Military Leave of Absence | | Give Facts Under Remarks | | | |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | | |
| | Transfer | | Give Facts Under Remarks | | | |
| | Demotion | | Give Facts Under Remarks | | | |
| | Suspension | | Give Facts Under Remarks Give Facts Under Remarks | | | |
| | | | Give Facts Under Remarks | | | |
| | New Position | | Submit Form | | | |
| | Change in Salary | | Indicate New Salary | | | |
| | Change in Name | | Give Facts Under Remarks | | | |
| | Other | | Give Facts Under Remarks | | | |
| Remarks: | | | Ollo Z Boto Ollow Zionianio | | | |
| · | | • | MECHANICVILLE CIVIL | | | |
| | | | SERVICE COMMISSION | | | |
| Appointing Offi | cer: tred Hasley | | San | | | |
| Title: Pustic | att Commissi | mer | CEIVED | | | |
| Address: | | DA | TE 6/6/22 | | | |
| Certificate valid | · | | Date: Rasedon Finderman | | | |
| This ce | ertifies that the above employment is Subject to any lin | in accordance with Law and Ru nitation or condition specified al | | | | |
| By: | . 1/// | | Date | | | |
| 7// | A H. Key | | 6-6-2072 | | | |

| Report All Personnel Changes On This Form. | | | | | | |
|--|--------------------------------|---|-------------------------------------|--|--|--|
| From: City | | | ge Or District | | | |
| Department: Public Safety | | | | | | |
| Name And Title | of Last Employee In Position : | | • | | | |
| Name of Emplo | yee: Lauren R | Roberts | Social Security Number: | | | |
| Address: | p mu · v · | | | | | |
| Title of Position: Rechational leader Salary: #13.75 | | | | | | |
| Non-Veteran | | led Veteran 🗌 🛮 Ex | cempt Volunteer Firefighter | | | |
| Appointments | Check Nature Of | Effective Dat | e Action Necessary By | | | |
| | Personnel Change | | Appointing Officer | | | |
| | Permanent | | Return Report of Certification | | | |
| i | Provisional | | Attach Application | | | |
| | Temporary | From 6/27/22 To 8/2 | | | | |
| | Substitute | From To | Give Facts Under Remarks | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | | |
| | Permanent Promotion | | Return Report of Certification | | | |
| | Provisional Promotion | | Attach Nomination | | | |
| | Non-Competitive Class | | Attach Application | | | |
| | ☐ Exempt Class | | Submit This Form Only | | | |
| | ☐ Labor Class | | Attach Application | | | |
| Terminations | Resignation | | Submit Signed Resignation | | | |
| | Retirement | | Give Effective Date | | | |
| | Deceased | | Indicate Date | | | |
| Ì | Removal | - | Attach Copy of Proceedings | | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | | |
| Other | ☐ Military Leave of Absence | | Give Facts Under Remarks | | | |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | | |
| Quanges . | Transfer | | Give Facts Under Remarks | | | |
| | ☐ Demotion | | Give Facts Under Remarks | | | |
| | Suspension | | Give Facts Under Remarks | | | |
| | Reinstatement | | Give Facts Under Remarks | | | |
| ŀ | ☐ Change in Classification | | Give Facts Under Remarks | | | |
| ļ | New Position | | Submit Form | | | |
| † | ☐ Change in Salary | | Indicate New Salary | | | |
| | Change in Name | | Give Facts Under Remarks | | | |
| } | Other | | Give Facts Under Remarks | | | |
| Remarks: | | | | | | |
| | | • | MECHANIONILE | | | |
| | | | MECHANICVILLE CIVIL | | | |
| Appointing Office | cer: Ned Hosax | | SERVICE COMMISSION | | | |
| Title: Pulli Salety Commissioner RECEIVED | | | | | | |
| Address: | ' I | | DATE 6/6/27 | | | |
| Certificate valid | until: | | Date: Nate and Canadinary | | | |
| This ce | • • • | in accordance with Law aitation or condition spe | and Rules made in pursuance to Law. | | | |
| By: / // | 1 1 | | Date: | | | |
| Frank 100/22 | | | | | | |

| Report All Personnel Changes On This Form | | | | | |
|---|---|----------------------------------|---------------------------------------|--|--|
| From: City | | own Village Or 1 | | | |
| Department: | Pullic Safety | | · | | |
| Name And Title | of Last Employee In Position: | | • . | | |
| Name of Emplo | yee: Brianna M 1 | Am idon s | Social Security Number: | | |
| Address: | - 1 1 - 1 | | | | |
| Title of Position | Recreational had | i) er | Salary: 4 13. 75 | | |
| Non-Veteran | Veteran Disab | led Veteran Exempt \ | Volunteer Firefighter 🗌 | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| Appointment | Personnel Change | Effective Date | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | Provisional | 1 | Attach Application | | |
| | □ Temporary | From 4/27/22 To 8/27/22 | State Length of Employment | | |
| | Substitute | From To | Give Facts Under Remarks | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | 11011 10 | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | X Non-Competitive Class | ` | · · · · · · · · · · · · · · · · · · · | | |
| | Exempt Class | | Attach Application | | |
| | Labor Class | | Submit This Form Only | | |
| Terminations | Resignation | | Attach Application | | |
| Terminations | <u> </u> | | Submit Signed Resignation | | |
| | Retirement | | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| | ☐ Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other | Military Leave of Absence | | Give Facts Under Remarks | | |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | ☐ Transfer | | Give Facts Under Remarks | | |
| | ☐ Demotion | | Give Facts Under Remarks | | |
| | ☐ Suspension | | Give Facts Under Remarks | | |
| | . Reinstatement | | Give Facts Under Remarks | | |
| | ☐ Change in Classification | · | Give Facts Under Remarks | | |
| | ☐ New Position | | Submit Form | | |
| | ☐ Change in Salary | | Indicate New Salary | | |
| | ☐ Change in Name | | Give Facts Under Remarks | | |
| | Other | | Give Facts Under Remarks | | |
| Remarks: MECHANICVILLE CIVIL | | | | | |
| Appointing Offi | cer: Fred Horly | | SERVICE COMMISSION | | |
| Title: Pus | 14 Salety Commis | Timer | CEIVED | | |
| Address: | 1 (| | 41E 6/6/22 · | | |
| Certificate valid | unfil: | | Date: | | |
| | rtifies that the above employment is | in accordance with Law and R | | | |
| | • | itation or condition specified a | tbove. | | |
| By: \(\begin{align*} \text{Date:} \\ 6-6-2027 \end{align*} | | | | | |

| | Report All Pe | rsonnel Changes On Th | is Form. |
|-------------------|---|--|--------------------------------|
| From: City | | | Or District |
| Department: | Public Safety | | |
| Name And Title | of Last Employee In Position: | | • |
| Name of Emplo | yee: Ethan R 7 | urner | Social Security Number: |
| Address: | 7 | . / , | n |
| Title of Position | Recrustion Superiors | 1. 1801/11/11/11 | Salary: # 14. 75 / HV- |
| Non-Veteran | | | ot Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| Exphoramona | | Enective Date | , |
| | Personnel Change | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | ✓ Temporary | From 1/27/22 To 8/27/2 | |
| | Substitute | From To | Give Facts Under Remarks |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | ···· | Submit This Form Only |
| | Labor Class | | Attach Application · |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | ☐ Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other | Military Leave of Absence | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| | ☐ Transfer | | Give Facts Under Remarks |
| | □ Demotion | | Give Facts Under Remarks |
| | ☐ Suspension | | Give Facts Under Remarks |
| | - Reinstatement | | Give Facts Under Remarks |
| [| ☐ Change in Classification | | Give Facts Under Remarks |
| | ☐ New Position | | Submit Form |
| | ☐ Change in Salary | | Indicate New Salary |
| | ☐ Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | |
| • | | • | MECHANICVILLE CIVIL |
| Appointing Offi | cer. | | SERVICE COMMISSION |
| | 116 4 110344 | | PECENTER |
| | lic Safety Commis | SIONER | DATE 6/6/22 |
| Address: | | | Winter. |
| Certificate valid | | | Date: |
| This ce | ertifies that the above employment is Subject to any lin | in accordance with Law and uitation or condition specifie | |
| By: Trede | rich Hosley | | Date: 6-6-2022 |

| | Report All | Personnel Cha | nges On Th | ris Form |
|------------------|--|---------------------------------------|----------------|--------------------------------|
| From: Cit | y County [| Town | | Or District . |
| <u></u> | | • | . —-54 | or product [|
| Department: | Mechanicville H. | | L. · LI | , |
| Nome And Ti | the off and The law in the | 202142 10 | LLNOVII | ry |
| Manue Wild 11 | tle of Last Employee In Position: | | | |
| Name of Emp | loyee: | | • | Social Security Number: |
| | navay McCorr | mack | • | Social Security Niimhel: |
| Address: | J . | ž , t. | | |
| | 1111 | | | |
| Title of Positio | Admisions & Conti | · | | ecralist Salary: \$58,009.00 |
| Non-Veteran | Veteran Di | nued Occupa | my Jbe | ecialist 00,007.00 |
| Appointments | 3 YORAN CI DI | sanien Acietan [- | Exem | pt Volunteer Firefighter [_] |
| 1xppointmonts | | Effect | ive Date | Action Necessary By |
| | Personnel Change | | | Appointing Officer |
| • | Permanent | | | Return Report of Certification |
| • | THE TAP TROPORTY | · _ · · · · · | | Attach Application |
| | L' Temporary | From | To | State Length of Employment |
| • | Sübstitute | Fróm | То | Give Facts Under Remarks |
| | For Term of Office | From | To · | Give Facts Under Remarks |
| | Permanent Promotion | | | Return Report of Certification |
| | Provisional Promotion | <u> </u> | · | Attach Nomination |
| | Non-Competitive Class | · · · · · · · · · · · · · · · · · · · | | Attach Application |
| | Exempt Class | | ····· | Submit This Form Only |
| Terminations | Labor Class | | | Attach Application |
| Lerminations | Resignation | | | Submit Signed Resignation |
| | Retirement | 2820 | | Give Effective Date |
| • | Deceased | <u> </u> | | Indicate Date : |
| | Removal | | • | Attach Copy of Proceedings |
| Other | Layoff (lack of work or funds) | | | Give Facts Under Remarks |
| Changes | Military Leave of Absence Other Leave of Absence | | | Give Facts Under Remarks |
| CHAILECS | Transfer | From | Го | Give Facts Under Remarks |
| | Demotion | <u> </u> | | Give Facts Under Remarks |
| | Suspension | - | | Give Facts Under Remarks |
| | . Reinstatement | | | Give Facts Under Remarks |
| | Charige in Classification | | | Give Facts Under Remarks |
| ł | ' New Position | | | Give Facts Under Remarks |
| ŀ | Change in Salary | | | Submit Form |
| f | Change in Name | | | Indicate New Salary |
| } | Other | | | Give Facts Under Remarks |
| emarks: No. | | 1 | | Give Facts Under Remarks |
| · The | of \$31.87 an ho | roll garaction | ح بعراء اعد | L as Pt hourly at a cate |
| | | organs herele | ા . | |
| ppointing Offic | er: Juhn Enzire | | | |
| tle: ' 9 1 - | | | | |
| ddress: | copie Director | | | |
| uuross: 2 }- | torre Are. Such | 1 M. J. | اذ شد | 2011 1211 |
| ertificate valid | | · ·) · · · · · · · | 1000 CYTE | 0,144.19118 |
| | | | | Date: |
| This cer | tifles that the above employment is | in accordance wi | h Law and R | ules made in pursuance to Law. |
| | Subject to any lin | ntation or conditi | on specified o | ibore. |
| | / 5 / | | | Date: |
| | 10// | | | 1/2/17/29 |
| // | | | | MECHANICYILLE CIVIL |
| .// | | | | SERVICE COMMISSION |

| | Report A | ll Personnel Ci | hanges On Th | is Form. |
|-----------------|--|--|---|---|
| From: Ci | ty County . | Town 🗌 | Village (| Or District . |
| Department: | | | | • |
| Doparimoni. | Mechanieville | Housing | Artho | |
| Name And Ti | itle of Last Employee In Position: | | iving | xiry |
| | | | | |
| Name of Hop | ancy McCorma | S. 14 | | Social Security Number: |
| Address: | will iterative | 1CE | | |
| Addioss, | | | ` | |
| Title of Positi | on: | , | | / Ilm.t. |
| Admis | sions & Continued Occu | pam Spe | aalist | Salary: #3187 hour |
| Non-Veteran | ∠ Veteran | isabled Veteran | | t Volunteer Firefigliter |
| Appointment | Check Nature Of | | ctive Date | Action Necessary By |
| | Personnel Change | , | | Appointing Officer |
| • | Permanent . | | | Return Report of Certification |
| • | Provisional | · | | Attriate A == 11 == 412 == 42 |
| | Temporary · | From | То | State Length of Employment |
| | Substitute | From | To | Give Facts Under Remarks |
| | For Term of Office. | From | To | . Give Facts Under Remarks |
| | Permanent Promotion | | | Return Report of Certification |
| | Provisional Promotion | | | Attach Nomination |
| | Non-Competitive Class | . >. | | Attach Application |
| | Exempt Class | | | Submit This Form Only |
| Terminations | Labor Class | | | Attach Application |
| Lerminations | Resignation | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Submit Signed Resignation |
| | Retirement Deceased | <u> </u> | | Give Effective Date |
| ` . | Removal | | ······································ | Indicate Date : |
| | Layoff (lack of work or funds | | • | Attach Copy of Proceedings |
| Other | Military Leave of Absence | | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From | То | Give Facts Under Remarks |
| | Transfer | Trom | | Givo Facts Under Remarks Give Facts Under Remarks |
| | Demotion | | , , , , , , , , , , , , , , , , , , , | Give Facts Under Remarks |
| | ☐ Syspension | | | Give Facts Under Remarks |
| | Reinstatement | 2/10/2 | 222 | Give Facts Under Remarks |
| i | Change in Classification | 1-11-1- | VAA | Give Facts Under Remarks |
| | New Position | | | Submit Form |
| | Change in Salary | | | Indicate New Salary |
| Ļ | Change in Name | | | Give Facts Under Remarks |
| | Other | | | Give Facts Under Remarks |
| emarks: | • | | , | |
| USEd | pr diem as ne | eded | | |
| ppointing Offic | cer: Jahn Enzie | | | |
| tle: 'F' V. | L. | Δ | | |
| <u> </u> | cutive Director | | | |
| idress: | Home Du Snik | a 1 March | anienil | L MM 12118 |
| rtificate valid | | 2 (11100) | emie vivo | |
| | | | 1.0 | Date: 6 21 22 |
| 1 III CEI | tifies that the above employment is Subject to any li | s in accordance w mitalion or condi | ith Law and Ru tion specified a | ues made in pursuance to Law. |
| ÷ | 1 7 | | | Date: |
| 1 . / | 1. / / . | | • | 6/21/22 |
| // | | | | MECHANICVILLE CIVIL |
| <i></i> | | | | |

Report All Personnel Changes On This Form.

| | | This changes on this | 10/11. |
|-------------------------|---|-------------------------------|--------------------------------|
| | y County C | Town 🗌 | Village Or District 🛮 |
| Department: | · · · · · · · · · · · · · · · · · · · | | |
| Name And Title of I | Last Employee In Position: | | |
| i | | | |
| Name of Employee: | Vala Manakan | | Social Security Number: |
| A 4 4 | Karia Monanan | | Social Sociality Trainison. |
| Address: | | | |
| Title of Position: Tea | acher Aide | | C-1 042 20/k- |
| Non-Veteran 🗸 | Veteran Disabled V | Voteron 🗆 Eve | Salary: \$13.20/hr |
| Appointments | Check Nature Of | | mpt Volunteer Firefighter |
| 7-PP | | Effective Date | Action Necessary By |
| | Personnel Change | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | X Temporary | From 04/11/22To 06/30/2 | 22 State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| Terminations | Labor Class | | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| Other Changes | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| | Other Leave of Absence Transfer | From To | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement Change in Closeification | | Give Facts Under Remarks |
| | Change in Classification New Position | | Give Facts Under Remarks |
| | | | Submit Form |
| | Change in Salary | <u> </u> | Indicate New Salary |
| | Change in Name Other | | Give Facts Under Remarks |
| Remarks: | | | Give Facts Under Remarks |
| Кешигкэ. | | | |
| Annainting Officer | | | |
| Appointing Officer: | | | |
| Title: Business Mar | nager | | |
| Address: 25 Kniske | ern Ave. Mechanicville, NY | 12118 | |
| Certificate valid until | l: | 12110 | Date: |
| This certi | ifies that the above employment is in a | recordance with I am and R | · · |
| ^ | Subject to any limita | tion or condition specified a | abova |
| By: On On |) () | ton or common specifics | Date: 5/2/2 7 |
| | Besch' | • | 1 01010 1 |

leselun Lindersan 5/20/22

Report All Personnel Changes On This Form.

| From: City [| County | Town 🗌 | Village Or Dis | trict 🛮 | | |
|---|--------------------------------|-----------------------|------------------------|------------------------|--|--|
| Department: | | | | | | |
| Name And Title of Las | st Employee In Position : | | | | | |
| Name of Employee: | oshua Rabideau | | Social Security | y Number: | | |
| Address: | | | <u> </u> | | | |
| Title of Position: Labo | rer | | | alary: | | |
| Non-Veteran 🗸 | Veteran Disabled V | eteran Exe | mpt Volunteer F | irefighter 🗌 | | |
| Appointments | Check Nature Of | Effective Date | A | ction Necessary By | | |
| | Personnel Change | | | Appointing Officer | | |
| | Permanent | | | eport of Certification | | |
| | Provisional | | | pplication | | |
| | Temporary | From To | | gth of Employment | | |
| | For Term of Office | From To | | ts Under Remarks | | |
| | Permanent Promotion | | | eport of Certification | | |
| | Provisional Promotion | | | omination | | |
| | ☐ Non-Competitive Class | | Attach A | pplication | | |
| | Exempt Class | | | his Form Only | | |
| | Labor Class | | Attach A | pplication | | |
| Terminations | X Resignation | 06/20/22 | Submit S | igned Resignation | | |
| X 01 1111111111111111111111111111111111 | Retirement | | Give Effe | ective Date | | |
| | Deceased | | Indicate l | Date | | |
| | Removal | | Attach C | opy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Fac | ts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Fac | ts Under Remarks | | |
| 4 | Other Leave of Absence | From To | To Give Facts Under Re | | | |
| | Transfer | | Give Fac | ts Under Remarks | | |
| | Demotion | | Give Fac | ts Under Remarks | | |
| | Suspension | Give Facts Under Re | | | | |
| | Reinstatement | | Give Fac | ts Under Remarks | | |
| | Change in Classification | | Give Fac | ts Under Remarks | | |
| | New Position | | Submit F | orm | | |
| | Change in Salary | | | New Salary | | |
| | ☐ Change in Name | | | ts Under Remarks | | |
| | Other | | Give Fac | ts Under Remarks | | |
| Remarks: | | | | | | |
| Appointing Officer: | Jodi A. Birch | | | | | |
| Title: Business Mar | | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | |
| Certificate valid unti | | 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: | RIN | and or common specyte | | Date: | | |
| ANNIC | RUCCO | | ., | W/12/04 & | | |

MECHANICVILLE CIVIL SERVICE COMMISSION

RECEIVED Lose an Lindemann

Report All Personnel Changes On This Form.

| | | | TOTAL. | |
|--------------------------------|--|------------------------------|--|--|
| From: City | ☐ County ☐ | Town 🗌 | Village Or District 🔽 | |
| Department: | | | | |
| | ast Employee In Position: | · | , | |
| Name of Employee: | Crystal Heier-Fitzpatrick | | Social Security Number | |
| Address: | | | | |
| Title of Position: Cle | | | Salary: | |
| Non-Veteran 🛛 | Veteran Disabled | Veteran 🗌 Exe | empt Volunteer Firefighter | |
| Appointments | Check Nature Of Effective Date | | Action Necessary By | |
| | Personnel Change | | Appointing Officer | |
| | Permanent | | Return Report of Certification | |
| | Provisional | | Attach Application | |
| | Temporary | From To | State Length of Employment | |
| | For Term of Office | From To | Give Facts Under Remarks | |
| | Permanent Promotion | | Return Report of Certification | |
| | Provisional Promotion | | Attach Nomination | |
| | Non-Competitive Class | | Attach Application | |
| | Exempt Class | | Submit This Form Only | |
| | Labor Class | | Attach Application | |
| Terminations | Resignation | | Submit Signed Resignation | |
| | Retirement | | Give Effective Date | |
| • | Deceased | | Indicate Date | |
| | ☑ Removal | 06/30/2022 | Attach Copy of Proceedings N/A | |
| 0.1 | No season of the | | Give Facts Under Remarks | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | |
| | Transfer | | Give Facts Under Remarks | |
| | Demotion | | Give Facts Under Remarks | |
| | Suspension | | Give Facts Under Remarks | |
| | Reinstatement | | Give Facts Under Remarks | |
| | Change in Classification | | Give Facts Under Remarks | |
| | New Position | | Submit Form | |
| | Change in Salary | | Indicate New Salary | |
| | Change in Name Other | | Give Facts Under Remarks | |
| Remarks: | [[] Ottler | | Give Facts Under Remarks | |
| Kemarks; | | | Ť | |
| Appointing Officer: | Jodi A. Birch | | | |
| ^{Title:} Business Mar | | | | |
| Address: 25 Kniske | rn Ave. Mechanicville, N | Y 12118 | | |
| Certificate valid until: Date: | | | | |
| This certi | fles that the above employment is in | accordance with Law and | Rules made in pursuance to Law. | |
| p,,, /) | Subject to any limit | ation or condition specified | ************************************** | |
| By: Fele C | Berch | | Date: 6/2/1/2 | |

MECHANICVILLE CIVIL SERVICE COMMISSION

RECEIVED

Lindemann

Report All Personnel Changes On This Form

| From: City | | Town | | |
|--|--|--|---------------------------------|--|
| Department: | | 10WII [_] | Village Or District | |
| | • | | | |
| Name And Title of L | ast Employee In Position : | | | |
| Name of Employee: | Jordan Sivers | | Social Security Number | |
| Address: | | NAME OF THE OWNER, THE | | |
| Title of Position: Mor | | | Salary: | |
| Non-Veteran 🛛 | Veteran Disabled V | Veteran 🗌 Ex | empt Volunteer Firefighter 🔲 | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | |
| | Personnel Change | | Appointing Officer | |
| | Permanent | | Return Report of Certification | |
| | Provisional | | Attach Application | |
| | Temporary | From To | State Length of Employment | |
| | For Term of Office | From To | Give Facts Under Remarks | |
| | Permanent Promotion | | Return Report of Certification | |
| | Provisional Promotion | | Attach Nomination | |
| | Non-Competitive Class | | Attach Application | |
| | Exempt Class | | Submit This Form Only | |
| | Labor Class | | Attach Application | |
| Terminations | X Resignation | 06/30/22 | Submit Signed Resignation | |
| | Retirement | • | Give Effective Date | |
| | Deceased | | Indicate Date | |
| | Removal | | Attach Copy of Proceedings | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | |
| | Transfer | | Give Facts Under Remarks | |
| | Demotion | | Give Facts Under Remarks | |
| | Suspension | | Give Facts Under Remarks | |
| | Reinstatement | | Give Facts Under Remarks | |
| | Change in Classification | | Give Facts Under Remarks | |
| | New Position | | Submit Form | |
| | Change in Salary | | Indicate New Salary | |
| | Change in Name Other | | Give Facts Under Remarks | |
| Remarks: | LJ Other | | Give Facts Under Remarks | |
| Remarks. | | | | |
| | | | | |
| Appointing Officer: | lodi A. Birch | | | |
| ^{Title:} Business Mar | | | | |
| Address: 25 Kniske | | / 10440 | | |
| 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: | | | | |
| This carti | 1 | | | |
| zma ceruj | fies that the above employment is in a | accordance with Law and . tion or condition specified | Kules made in pursuance to Law. | |
| By: _/) | Subject to any timila | uon or condition specified | | |
| Hodel | Buch | | Date: 6/22/2022 | |
| -// | | | | |

MECHANICVILLE CIVIL SERVICE COMMISSION

RECEIVED P. DOLLAR

Report All Personnel Changes On This Form.

| | | mnei Changes | On This Form. | | | |
|--|--------------------------------|--------------|---------------------------------------|------------------------------|--|--|
| From: City | County | Town 🔲 | Village | Or District 🗸 | | |
| Department: | | | | | | |
| 37 1 1 1 1 1 1 1 | | | | | | |
| 1 | ast Employee In Position: | | | | | |
| Name of Employee: | | | 12 | | | |
| | lordan Sivers | | Social | Security Number: | | |
| Address: | | | | | | |
| Title of Position: Lab | | | | | | |
| | | | | Salary: \$17.48/hr | | |
| Non-Veteran 🗸 | | Veteran 🗌 | Exempt Volum | nteer Firefighter 🔲 | | |
| Appointments | Check Nature Of Effective Date | | ve Date | Action Necessary By | | |
| | Personnel Change | | - | Appointing Officer | | |
| | Permanent | | Da | turn Report of Certification | | |
| | ☐ Provisional | | | ach Application | | |
| | Temporary | From | | te Length of Employment | | |
| | For Term of Office | | | re Facts Under Remarks | | |
| | Permanent Promotion | 77011 | | ourn Report of Certification | | |
| | Provisional Promotion | | | ach Nomination | | |
| | Non-Competitive Class | | | ach Application | | |
| | Exempt Class | | | omit This Form Only | | |
| | X Labor Class | 07/01/22 | | ach Application | | |
| Terminations | Resignation | | | omit Signed Resignation | | |
| | Retirement | | | re Effective Date | | |
| | Deceased | | | icate Date | | |
| | Removal | | | ach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | | e Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | | e Facts Under Remarks | | |
| | Other Leave of Absence | From To | | e Facts Under Remarks | | |
| | Transfer | | | e Facts Under Remarks | | |
| | ☐ Demotion | | | e Facts Under Remarks | | |
| | Suspension | | | e Facts Under Remarks | | |
| | ☐ Reinstatement | | | e Facts Under Remarks | | |
| | ☐ Change in Classification | | | e Facts Under Remarks | | |
| | ☐ New Position | | | mit Form | | |
| | ☐ Change in Salary | | | cate New Salary | | |
| | ☐ Change in Name | | | e Facts Under Remarks | | |
| | Other | | | e Facts Under Remarks | | |
| Remarks: | | | | | | |
| | | | | | | |
| Appointing Officer: J | odi A Birch | | · · · · · · · · · · · · · · · · · · · | | | |
| Γitle: Business Man | | | | | | |
| Address: | aye: | | | | | |
| Address: 25 Knisker | n 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: // | 0.0 | | -r | Date: | | |
| _Sole C | Much - | | | | | |
| | | | | 6/22/2022 | | |

MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED

DATE 6/24/22 Rue ann Lindenson

Report All Personnel Changes On This Form.

| From: City | County 🗌 | т. [] | | | | |
|---|--|---------------------------------|--|--|--|--|
| | Z County | County Town Village Or District | | | | |
| Department: Mechanicalle District Public Library | | | | | | |
| Name And Title of Last Employee In Position: | | | | | | |
| | The state of the s | • | , | | | |
| Name of Employee: | 11.11 | | Social Security Number: | | | |
| | Heather I homas | | Social Sociality Hambon | | | |
| Address: | - | - | | | | |
| Title of Position: | , ,,0 | | | | | |
| | 1ex | | Salary: \$13.20 per. hr. | | | |
| Non-Veteran | Veteran Disabled V | | mpt volumeer Phengmer [| | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | | |
| • | Personnel Change | | Appointing Officer | | | |
| | Permanent | | Return Report of Certification | | | |
| | Provisional | | Attach Application | | | |
| | Temporary | From To | State Length of Employment | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | | |
| | Permanent Promotion | | Return Report of Certification | | | |
| | Provisional Promotion | | Attach Nomination | | | |
| | Non-Competitive Class | | Attach Application | | | |
| | Exempt Class | | Submit This Form Only | | | |
| Terminations | Labor Class | | Attach Application | | | |
| Terminations | Resignation Retirement | | Submit Signed Resignation | | | |
| | Deceased | | Give Effective Date | | | |
| | Removal | | Indicate Date | | | |
| | Layoff (lack of work or funds) | 6-17-22 | Attach Copy of Proceedings | | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | | |
| Other Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | | |
| | Transfer | FIOII 10 | Give Facts Under Remarks Give Facts Under Remarks | | | |
| · - | Demotion | | Give Facts Under Remarks Give Facts Under Remarks | | | |
| | Suspension | | Give Facts Under Remarks Give Facts Under Remarks | | | |
| | Reinstatement | | Give Facts Under Remarks | | | |
| | Change in Classification | | Give Facts Under Remarks | | | |
| | ☐ New Position | | Submit Form | | | |
| | Change in Salary | | Indicate New Salary | | | |
| | Change in Name | | Give Facts Under Remarks | | | |
| | Other | | Give Facts Under Remarks | | | |
| Remarks: | 622 27.6 | | | | | |
| 518 | - 530-2765 | | | | | |
| Appointing Officer: | Michelle Duell | | | | | |
| Title: | | | | | | |
| Directo | | | | | | |
| Address: 190 N. Main St. Mechaniar lle My 12418 | | | | | | |
| | | | | | | |
| 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. | | | | | | |
| | | | | | | |
| Muleil | e & Duell M | ECHANIOVII I E OU | Date: | | | |
| SERVICE COMMISSION | | | | | | |

RECEIVED

DATE 6/24/22 Researn Lendemann

| Report All Personnel Changes On This Form. | | | | | | |
|---|---|--|---------------------------------------|--|--|--|
| From: City J | X County ☐ To | wn Village Or | | | | |
| Department: Mechanicville District Public Library | | | | | | |
| Name And Title | of Last Employee In Position: | eather Thon |) | | | |
| Name of Employ | ree-Jammie M. Fis | | Social Security Number: | | | |
| Address: | 0 001111110 1111 1111 | 01.00 | · · · · · · · · · · · · · · · · · · · | | | |
| | - NIVONII OI | 1 / VCC vc- | | | | |
| Title of Position: | Clerk | | Salary 17 W VV | | | |
| Non-Veteran | Veteran Disab | led Veteran Exempt | Volunteer Firefighter | | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | | |
| | Personnel Change | | Appointing Officer | | | |
| | Permanent | | | | | |
| Ì | Provisional | T 32 25 - | Return Report of Certification | | | |
| | <u></u> | [(0-23-22_ | Attach Application | | | |
| | Temporary | From To | State Length of Employment | | | |
| | Substitute | From To | Give Facts Under Remarks | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | | |
| | Permanent Promotion | | Return Report of Certification | | | |
| } | Provisional Promotion | <u> </u> | Attach Nomination | | | |
| | Non-Competitive Class | | Attach Application | | | |
| | Exempt Class | | Submit This Form Only | | | |
| | Labor Class | | Attach Application | | | |
| Terminations | Resignation | | Submit Signed Resignation | | | |
| | Retirement | | Give Effective Date | | | |
| | Deceased | | Indicate Date | | | |
| | ☐ Removal | | Attach Copy of Proceedings | | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | | |
| Other | ☐ Military Leave of Absence | | Give Facts Under Remarks | | | |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | | |
| | Transfer | | Give Facts Under Remarks | | | |
| | _ Demotion | | Give Facts Under Remarks | | | |
| | Suspension | | Give Facts Under Remarks | | | |
| Ī | Reinstatement | | Give Facts Under Remarks | | | |
| | Change in Classification | | Give Facts Under Remarks | | | |
| ľ | New Position | | Submit Form | | | |
| F | Change in Salary | | Indicate New Salary | | | |
| - | Change in Name | | Give Facts Under Remarks | | | |
| ļ | Other | | Give Facts Under Remarks | | | |
| Remarks: , | the desired the second | | Give racis olider remarks | | | |
| 518-222-4987 | | | | | | |
| Appointing Officer: Michelle L. Duck | | | | | | |
| Title: Director | | | | | | |
| Address: 190 N. Main St. Mechanicy lle Ny 1768 | | | | | | |
| 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:// , . , | 1 | The second secon | Date: | | | |
| Mile | lle & Duell | • • • • • • • • • • • • • • • • • • • | 10-21-22 | | | |
| | | MECHANICVII LE CI | | | | |

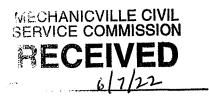
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CATE 6/24/22 Rose Own Lindsmann

SCHEDULE "A"

PUBLIC WORKS DEPARTMENT

| | 3 | /1/2021 | V | 1/2022 | V | 1/2023 | 1/ | 1/2024 |
|----------------------------|----|---------|----|--------|----|--------|----|--------|
| Laborer | \$ | 20.63 | \$ | 21.23 | \$ | 21.88 | \$ | 22.53 |
| MEO | \$ | 22.76 | \$ | 23.36 | \$ | 24.01 | \$ | 24.66 |
| Mechanic | \$ | 26.61 | \$ | 27.21 | \$ | 27.86 | \$ | 28.51 |
| HEO | \$ | 26.59 | \$ | 27.19 | \$ | 27.84 | \$ | 28.49 |
| Maintenance Supervisor | \$ | 33.32 | \$ | 33.92 | \$ | 34.57 | \$ | 35.22 |
| Supervisor Streets & Sewer | \$ | 25.17 | \$ | 25.77 | \$ | 26.42 | \$ | 27.07 |
| Working Supervisor \ | \$ | 31.20 | \$ | 31.80 | \$ | 32.45 | \$ | 33.10 |
| Clerk/Dispatcher | \$ | 22.13 | \$ | 22.73 | \$ | 23.38 | \$ | 24.03 |
| Water Plant Operator | \$ | 26.61 | \$ | 27.21 | \$ | 27.86 | \$ | 28.51 |
| Water Supervisor | \$ | 31.20 | \$ | 31.80 | \$ | 3245 | \$ | 33.10 |



^{**}Employees hired after January 1, 2014 will receive \$2.00 per hour less than the rate delineated in Schedule "A" above for the title in which they were appointed to. Upon completion of one (1) year of service, they will receive the additional \$2.00 per hour along with Salary Adjustments in Schedule "A" above.