Mechanicville Civil Service Commission Meeting Agenda June 1, 2022 4:00 p.m.

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

City of Mechanicville

- a) Ethel Baisley was appointed as Substitute Clerk (NC) effective 4/14/22
- b) Salary Change April Turner to \$13.20 eff. 1/1/22; to \$15.00 eff 4/14/22
- c) Salary Change Patricia Brown to \$14.70 eff. 1/1/22; to \$15.00 eff 4/14/22

School

- a) Jordan Sivers Monitor (L) received Permanent Promotion effective 3/10/22
- b) Colleen Brunick Bus Attendant (L) received Permanent Promotion effective 3/7/22
- c) Jammie Fisher Teacher Aide (NC) received Permanent Promotion effective 4/18/22
- d) John Breen Bus Driver (NC) received Permanent Promotion effective 4/1/22
- e) John Conlen Jr. Bus Driver (NC) received Permanent Promotion effective 3/7/22
- f) Ashley Strazzi Nurse (NC) received Permanent Promotion effective 4/28/22
- g) Vincent Lavazzo Bus Driver (NC) received Permanent Promotion 3/7/22
- h) Jennifer Muscato Teacher Aide (NC) received Permanent Promotion 4/18/22
- i) Kelly Hastings Teacher Aide (NC) received Permanent Promotion 4/25/22
- j) Vanessa Fink Teacher Aide (NC) received Permanent Promotion 3/7/22
- k) Breanna Toleman Teacher Aide (NC) received Permanent Promotion 4/19/22
- Bryan McCreary Network Technician (NC) received Permanent Promotion 3/1/22
- m) Bryan Russell Network & Technology Coord. (NC) received Permanent Promotion effective 3/1/22
- n) Kimberly Dunn was appointed as Administrative Secretary (Provisional) 5/16/22

Library

Salary Changes effective 7/1/22:

- a. Michelle Duell to \$85,000
- b. Josephine Pisculli to \$14.00
- c. Carrie Shpunt-Motta to \$16.00
- d. Heather Thomas to \$14.00/hr
- e. Stephanie Liotta to \$14.00/hr
- f. Heather Clements to \$17.00/hr
- 5) Old Business
- New Business Examinations ordered for Senior Library Clerk and Superintendent of Streets and Sewers.
 School - New position – Director of Information Technology
- 7) Appearances
- 8) Next Scheduled Meeting Date: September 7, 2022 at 4:00 pm
- 9) Adjournment

Report All Personnel Changes On This Form. From: Town [Village Or District Department: Senior Center Name of Employee: Social Security Number: Address: Title of Position: Salary: 5:00 Hr. Non-Veteran 🛛 Veteran [Disabled Veteran **Exempt Volunteer Firefighter** Action Necessary By Appointments Check Nature Of Effective Date Personnel Change Appointing Officer Permanent Return Report of Certification ☐ Provisional Attach Application ☐ Temporary From 4 State Length of Employment Substitute | From Τo 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 Military Leave of Absence Other 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 Give Facts Under Remarks Remarks: Eff date 4/14/22 - day after #1 Appointing Officer; Title: Address: M ECHANICVILLE Date: 4-20-2012 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Subject to any limitation or condition specified above. By: 4-29-2022

	Keport All I	ersonnei. Ci	nanges On Ini	S Form
From: City		Town 🗌		r District
Department:	Publy Cality / Se	nier Ce.	iten	•
Name And Titl	le of Last Employee In Position:			
				• .
Name of Empl	oyee: /			Social Security Number:
	Heri Jurner			
Address:	_ ,	/		
	IVINIUES -1 · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		, 🗸
Title of Position	Office clerk		, (Salary: 15.00 hr
Non-Veteran 🛛		bled Veteran	Exempt	t Volunteer Firefighter 🗌
Appointments	Check Nature Of	Effe	ective Date	Action Necessary By
	Personnel Change			Appointing Officer
	Permanent			Return Report of Certification
	Provisional		, ,	Attach Application
	☐ Temporary	From	То	State Length of Employment
	Substitute	From	То	Give Facts Under Remarks
	☐ For Term of Office	From	То	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 ·
erminations	Resignation	<u> </u>		Submit Signed Resignation
	Retirement			Give Effective Date
	Deceased			Indicate Date
	Removal			Attach Copy of Proceedings
0.1	Layoff (lack of work or funds)			Give Facts Under Remarks
Other	Military Leave of Absence			Give Facts Under Remarks
Changes	Other Leave of Absence Transfer	From	To	Give Facts Under Remarks
	Demotion			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	1/1/22	#13.20	Indicate New Salary 4/14/22-\$15.
	☐ Change in Name	1././2		Give Facts Under Remarks
	Other			Give Facts Under Remarks
emarks:				
•		-		
ppointing Offi	icer: Fred. Hosq	¥		
itle: Pub/	L Safety commission	hes		
ddress:	26 20 11 20 12 20		.:(/ A 1.4	121.8
ertificate valid	DO YNO YVOAIN ST, /V'	rchance	rile, M	Date:
			/	
This ce	ertifies that the above employment is Subject to any li			
y: I	- Wall	•		Date: 4 09-2025

	Report All P	ersonnel Changes On	a This Form	•
From: Ci			age Or District	7
Department:	Pullic Safety / Sen	in Center		-
Name And T	itle of Last Employee In Position:			-
Name of Em	ployee:	B -2 1	Cooled Committee 25th 1	-
Address:	ratricia L	Drown.		
Title of Positi			Salary:	-
	Office Clurk		15.00 Hr.	
Non-Veteran	. 		cempt Volunteer Firefighter 🗌	_[
Appointmen	És Check Nature Of	Effective Dat	e Action Necessary By	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	1
	Provisional	——————————————————————————————————————	Attach Application	1
	☐ Temporary	From To	State Length of Employment	4
	Substitute	From To	Give Facts Under Remarks	4
	For Term of Office	From To	Give Facts Under Remarks	-
	Permanent Promotion	11000	Return Report of Certification	-
	Provisional Promotion		Attach Nomination	4
	☐ Non-Competitive Class			4
	Exempt Class		Attach Application	4
	Labor Class		Submit This Form Only	
Terminations			Attach Application	4
Terminations		<u> </u>	Submit Signed Resignation	ł
	Retirement		Give Effective Date	1
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	1
	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	1
	New Position	,	Submit Form	1
	Change in Salary	1/1/2022 14.70	Indicate New Salary 4/14/22 15.00	•
	☐ Change in Name		Give Facts Under Remarks	•
	Other		Give Facts Under Remarks	
Remarks:		•		
Appointing O	fficer: Fred Husley			
Title:	1) 111: (1:-	2.00.00		
Address:	2	1155,000 en	n/ .	•
	36 nomain S	* Michanicui		
Certificate val			/ Date:	4
This	certifies that the above employment is Subject to any lin	in accordance with Law uitation or condition spec	ified above 552 Resilan	Ludeman
By: Tree	0-0-1/20	•	Date: 4-29-2022	
· nec	crep / Yoskey		17-01-000	

Report All Personnel Changes On This Form.

From: City	County	Town 🗌	Villa	age Or Di	strict 🔽
Department:					
Name And Title of Las	st Employee In Position :		Venturia (Venturia de la Constitución de la Constit		
	ordan Sivers		Soci	ial Securit	ty Number:
Addrese.		,			
Title of Position: Moni	itor			S	Salary:
Non-Veteran 🗸	Veteran Disabled V	Veteran 🗍	Exempt V		Firefighter
Appointments	Check Nature Of	Effective			ction Necessary By
	Personnel Change	BAROCKA	e Date		Appointing Officer
	Permanent	 			eport of Certification
	Provisional	ļ			pplication
	Temporary	From To			ngth of Employment
	For Term of Office	From To			ets Under Remarks
	Permanent Promotion Provisional Promotion	3/10/22			eport of Certification
					lomination
ļ	Non-Competitive Class				pplication
	Exempt Class Labor Class	1			This Form Only
Terminations		 			pplication
Terminations	Resignation Retirement				Signed Resignation
	Deceased	 			ective Date
	Removal			Indicate 1	
					opy of Proceedings
04 01	Layoff (lack of work or funds)				ts Under Remarks
Other Changes	Military Leave of Absence	ļ			ts Under Remarks
j	Other Leave of Absence	From To			ts Under Remarks
	Transfer				ts Under Remarks
	Demotion				ts Under Remarks
	Suspension				ts Under Remarks
	Reinstatement				ts Under Remarks
}	X Change in Classification				ts Under Remarks
	New Position			Submit F	
	Change in Salary				New Salary
	Change in Name				ts Under Remarks
Remarks:	U Other	1		Give Fac	ts Under Remarks
Remarks:					
Appointing Officer: J					
Title: Business Man					
Address: 25 Knisker	rn Ave. Mechanicville, NY	12118		<u></u>	
Certificate valid until:	:				Date:
This certif	fies that the above employment is in a Subject to any limita				oursuance to Law.
By: ()	a Rusch		<u>- </u>		Date: 5/3/2

Roselm Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City	County [Town 🗌	TUIL - O. D	[7]
		10Wn 📋	Village Or D	istrict 🔽
Department:				
Name And Title of Las	st Employee In Position:			
Name And Thie of Las	Employee in rosition.			
Name of Employee:			Social Secur	ity Number:
C	olleen Brunick		300141 30041	
Address:				
Title of Position: Bus A	Attendant			Salary:
Non-Veteran 🗸	Veteran Disabled V	/eteran □	Exempt Volunteer	·
Appointments	Check Nature Of	Effective 1		Action Necessary By
	Personnel Change	Effective		
				Appointing Officer
	Permanent			Report of Certification
	Provisional			Application
	Temporary	From To		ngth of Employment
	For Term of Office	From To		cts Under Remarks
	X Permanent Promotion	3/7/22		Report of Certification
	Provisional Promotion			Vomination
	☐ Non-Competitive Class			Application
	Exempt Class			This Form Only
	Labor Class			Application
Terminations	Resignation			Signed Resignation
	Retirement			fective Date
	Deceased		Indicate	
	Removal			Copy of Proceedings
	Layoff (lack of work or funds)			cts Under Remarks
Other Changes	Military Leave of Absence			cts Under Remarks
	Other Leave of Absence	From To		cts Under Remarks
	Transfer		Give Fa	cts Under Remarks
	Demotion		Give Fa	cts Under Remarks
	Suspension		Give Fa	cts Under Remarks
	Reinstatement			cts Under Remarks
	Change in Classification	•		cts Under Remarks
_	New Position		Submit 2	Form
	Change in Salary		Indicate	New Salary
<u>[</u>	Change in Name		Give Fa	cts Under Remarks
	Other		Give Fa	cts Under Remarks
Remarks:	•			
Appointing Officer: Jo	odi A. Birch			
Title: Business Mana				
Address: 25 Knisker		′ 12118		
Certificate valid until:		. Juni 1 1 V/		Date:
This certifi	ies that the above employment is in	accordance with Lav	v and Rules made in	
\wedge	Subject to any limita			E
By: 1200	2 RIDOR			Date: /2/27
				$\cup \cup $

Resedon Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City [County	Town 🗌	Vi	illage Or Di	strict 🔽
Department:			-		
	st Employee In Position:	· · · · · · · · · · · · · · · · · · ·			
Name of Employee: Ja	ammie Fisher		So	ocial Securi	ty Number:
Address:	JU, 1 U				
Title of Position: Teac	her Aide				Salary:
Non-Veteran 🗸	Veteran Disabled V	/eteran	Exempt	Volunteer 1	Firefighter
Appointments	Check Nature Of		ive Date		action Necessary By
	Personnel Change	Effects	ive Date		Appointing Officer
		ļ	~~~		
	Permanent				Report of Certification
	Provisional	<u> </u>			Application
	Temporary	From	То		ngth of Employment
	For Term of Office		То		cts Under Remarks
	X Permanent Promotion	4/18/22			Report of Certification
	Provisional Promotion				Vomination
	☐ Non-Competitive Class				Application
	Exempt Class				This Form Only
	Labor Class				Application
Terminations	Resignation				Signed Resignation
	Retirement			Give Eff	fective Date
	Deceased		_	Indicate	Date
	Removal			Attach C	Copy of Proceedings
	Layoff (lack of work or funds)				cts Under Remarks
Other Changes	Military Leave of Absence	1	**************************************	Give Fac	cts Under Remarks
	Other Leave of Absence	From	То		cts Under Remarks
	Transfer				cts Under Remarks
	Demotion				cts Under Remarks
	Suspension	<u> </u>			ots Under Remarks
Ì	Reinstatement	 		_1	cts Under Remarks
ľ	Change in Classification	 			ets Under Remarks
ŀ	New Position	-		Submit F	
,	☐ Change in Salary				
	Change in Name				New Salary
	Other				ots Under Remarks ots Under Remarks
Remarks:		<u> </u>	·····	Give rac	as Under Remarks
					<u> </u>
Appointing Officer: J				-	
Title: Business Man	ager				
Address: 25 Knisker	rn Ave. Mechanicville, NY	 / 12118			
Certificate valid until					Date:
This certif	fies that the above employment is in a Subject to any limita				pursuance to Law.
By: 1001, (Resch.	The state of the s			Date: (5/26)2

Roseann Lindemann 3/20/22

Report All Personnel Changes On This Form.

		,	
From: City	County	Town	Village Or District 🛮
Department:	110 141 141		
Name And Title of La	st Employee In Position:		
Name of Employee:	ohn Breen		Social Security Number:
Address [.]			
Title of Position: Bus	Driver		Salary:
Non-Veteran 🗸	Veteran Disabled \	Veteran Exer	npt 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
	X Permanent Promotion	4/1/22	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		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 Officer: J	lodi A. Birch		The state of the s
Title: Business Man	~		
Address: 25 Kniske	rn Ave. Mechanicville, N	Y 12118	
Certificate valid until			Date:
This certi,	fies that the above employment is in Subject to any limit	accordance with Law and I	
By: _ // ^	() () . A	mon or community specifical	Data: / /
By: Will I	1 Burch		Date: 513/22

Roselian Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City	County 🗌	Town	Village Or District 🛛
Department:			
Name And Title of Las	st Employee In Position :		
31			
Name of Employee:	ohn Conlen Jr.		Social Security Number:
Address:		÷110	
Title of Position: Bus I	Driver	***************************************	Salary:
Non-Veteran 🔽	Veteran Disabled V	Veteran Exer	mpt 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
	X Permanent Promotion	3/7/22	Return Report of Certification
	Provisional Promotion	311122	Attach Nomination
	☐ Non-Competitive Class		Attach Normation Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
Terminations	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		
	Layoff (lack of work or funds)		Attach Copy of Proceedings Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks Give Facts Under Remarks
	Transfer	From 10	Give Facts Under Remarks Give Facts Under Remarks
	Demotion	-	
			Give Facts Under Remarks
	Suspension Reinstatement		Give Facts Under Remarks
			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
Remarks:	Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: J	odi A. Birch		
Title: Business Man			
Address: 25 Knisker		/ 12118	
Certificate valid until			Date:
This certif	fies that the above employment is in		
By:	Subject to any limite	ution or condition specified	Date: -/ 2/2
478/1/1	1715Ch		5/3/2

Roselin Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City [County	Town	Village Or D	istrict 🗸
Department:				
Name And Title of Las	st Employee In Position :			
Name of Employee:	shley Strazzi		Social Secur	ity Number
Address:				
Title of Position: Nurse	е			Salary:
Non-Veteran	Veteran ☐ Disabled V	eteran T E	xempt Volunteer	Firefighter
Appointments	Check Nature Of	Effective Dat		Action Necessary By
11pp 1121111111111111111111111111111111	Personnel Change	Effective Dat	-	Appointing Officer
	, 0		į	**
	Permanent			Report of Certification
	Provisional			Application
	Temporary	From To		ngth of Employment
	For Term of Office	From To		cts Under Remarks
	Permanent Promotion	4/28/22		Report of Certification
	Provisional Promotion			Nomination
	☐ Non-Competitive Class			Application
	Exempt Class			This Form Only
	Labor Class			Application
Terminations	Resignation			Signed Resignation
•	Retirement		Give Ef	fective Date
	☐ Deceased		Indicate	Date
	Removal		Attach (Copy of Proceedings
	Layoff (lack of work or funds)		Give Fa	cts Under Remarks
Other Changes	☐ Military Leave of Absence		Give Fa	cts Under Remarks
	Other Leave of Absence	From To	Give Fa	cts Under Remarks
	☐ Transfer		Give Fa	cts Under Remarks
ĺ	☐ Demotion		Give Fa	cts Under Remarks
	Suspension		Give Fa	cts Under Remarks
	Reinstatement		Give Fa	cts Under Remarks
	Change in Classification		Give Fa	cts Under Remarks
	☐ New Position		Submit	Form
	Change in Salary		Indicate	New Salary
İ	Change in Name		Give Fa	cts Under Remarks
	Other		Give Fa	cts Under Remarks
Remarks:				
Appointing Officer: J	odi A. Birch	7.47		
Title: Business Man	ager			
Address: 25 Knisker	rn Ave. Mechanicville, NY			
Certificate valid until				Date:
This certif	fies that the above employment is in a	accordance with Law an		pursuance to Law.
By: //	7) A Subject to any limite	ston or condition specif	rea avove.	D-4 6 /6
The state of	(11515ch			Date: 5/2/2

Roselun Lendemann 5/20/22

Report All Personnel Changes On This Form.

From: Cit	y County		
Department:	County [Town 🗌	Village Or District
Department:		•	
Name And Title of	Last Employee In Position:		
1			
Name of Employee:	Vincent Lavazzo		Social Security Number
Address	VIIICEIT LAVAZZO		
Addit	· · · · · · · · · · · · · · · · · · ·	``'3	
Title of Position: Bu	s Driver		Salary:
Non-Veteran 🗸	Veteran Disabled	Veteran E	
Appointments	Check Nature Of	Effective Date	xempt Volunteer Firefighter
	Personnel Change	Effective Dat	Tretion recessary by
	Permanent		Appointing Officer
	Provisional		Return Report of Certification
	Temporary		Attach Application
	For Term of Office	From To	State Length of Employment
	X Permanent Promotion	From To 3/7/22	Give Facts Under Remarks
	Provisional Promotion	311122	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
	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
<u> </u>	Other		Give Facts Under Remarks
Remarks:			
Appointing Officer:	Jodi A. Birch		
^{Title:} Business Mai			
Address:	nagei		
Address: 25 Kniske	ern Ave. Mechanicville, NY	12118	
Certificate valid unti	li:		Date:
This cert	ifies that the above employment is in a	ccordance with I my and	
^	Subject to any limitation	tion or condition specifie	d ahove
By:	00,0	specific	
_ (JOU!	WDURCH		Date: /2/2)
110000	~ -, ~ 		1 2/3/24

Rose an Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City [County	Town	Village Or District 🛮
Department:			
	t Employee In Position :		
Name of Employee: Je	ennifer Muscato		Social Security Number
Address			
Title of Position: Teac	her Aide		Salary:
Non-Veteran 🗸	Veteran Disabled V	eteran Exem	npt 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	4/18/22	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
į	☐ 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 Officer: J	odi A. Birch		
Title: Business Man	ager		
Address: 25 Knisker		′ 12118	The state of the s
Certificate valid until			Date:
This certif	ies that the above employment is in		
/	Subject to any limita	tion or condition specified	
By	Buch	The state of the s	Date: 5/3/22

Rose an Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City	County .	Town 🗌	Village Or District
Department:	** ***********************************		
	st Employee In Position :		
Name of Employee: Ke	elly Hastings		Social Security Number:
Address:			
Title of Position: Teac			Salary:
Non-Veteran 🔽	Veteran ☐ Disabled V	/eteran Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
İ			
	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
	X Permanent Promotion	4/25/22	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
ĺ	Suspension	1	Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
Ì	☐ Change in Classification		Give Facts Under Remarks
İ	☐ New Position		Submit Form
Ì	☐ Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
ľ	Other		Give Facts Under Remarks Give Facts Under Remarks
Remarks:	Onic.		Give racis Under Remarks
Appointing Officer: J		**************************************	
Title: Business Man			
Address: 25 Knisker	rn Ave. Mechanicville, NY	(12118	
Certificate valid until:	:		Date:
This certif	fies that the above employment is in a Subiect to any limita	accordance with Law and l tion or condition specified	
By: // 4		mon or commission opecigion	
Stell !	Usesch.		Date: 12/20

Rosean Lindewann 5/20/22

Report All Personnel Changes On This Form.

From: City			
	County	Town 🗌	Village Or District
Department:			
	ast Employee In Position:	V 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Name of Employee:	/anessa Fink		Social Security Number
Address:			1
Title of Position: Tea	cher Aide		Salary:
Non-Veteran 🛛	Veteran Disabled V	eteran Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		
*	Provisional		Return Report of Certification
	Temporary	F	Attach Application
	For Term of Office	From To From To	State Length of Employment
	Permanent Promotion	From To 3/7/22	Give Facts Under Remarks
	Provisional Promotion	311122	Return Report of Certification
	Non-Competitive Class		Attach Nomination
	Exempt Class		Attach Application Submit This Form Only
	☐ Labor Class		
Terminations	Resignation		Attach Application
	Retirement		Submit Signed Resignation Give Effective Date
	Deceased		Indicate Date
	Removal		
	Layoff (lack of work or funds)	***************************************	Attach Copy of Proceedings Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks Give Facts Under Remarks
	Transfer	110111 10	Give Facts Under Remarks 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 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:			Give Facts Older Remarks
A			
Appointing Officer:			
Title: Business Mar			
Address: 25 Kniske	rn Ave. Mechanicville, NY	12118	
Certificate valid until	(:		Date:
This certi	fies that the above employment is in a	accordance with Law and I	Rules made in pursuance to Law.
Pr // /	Subject to any limita	tion or condition specified	above.
Chelil	Wesch		Date: /3/22

Roseliun Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: City	City ☐ County ☐ Town ☐ Village Or District ☑				
Department:					
37 4 10011 07					
Name And Title of Las	st Employee In Position:				
Name of Employee:	Breanna Toleman		Social Security Number:		
	Dicama Toleman		Social Security Humber.		
Addres-	_				
Title of Position: Tea	icher Aide		Salary:		
Non-Veteran 🗸	Veteran Disabled V	eteran Exer	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
**	Personnel Change	Effective Date	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	4/19/22	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			
1	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 Officer: J	odi A. Birch				
Title: Business Man					
Address: 25 Knisker	n Ave. Mechanicville, NY	′ 12118			
Certificate valid until: Date:					
This certif	ies that the above employment is in a	accordance with Law and F	Rules made in pursuance to Law.		
//	Subject to any limita	tion or condition specified			
Date: 5/3/2					
-/ /VUU					

Roselan Lendemann 5/20/22

Report All Personnel Changes On This Form.

From: City	County	Town 🗌	Village Or District			
Department:						
Name And Title of La	ast Employee In Position :		,			
NI						
	Bryan McCreary		Social Security Number:			
Addres-	t Tip a to the					
Title of Position: Netv	vork Technician		Salary:			
Non-Veteran 🗸	Dulai y.					
Appointments	Check Nature Of	Effective Date				
••	Personnel Change	Effective Date	Action Necessary By			
			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	3/1/22	Return Report of Certification			
	Provisional Promotion	7.7-	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					
	Layoff (lack of work or funds)		Attach Copy of Proceedings			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
	Other Leave of Absence	From To	Give Facts Under Remarks			
	Transfer	Tion 10	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			
			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 Officer: J	odi A. Birch					
^{ritle:} Business Man						
Address: 25 Knisker	n Ave. Mechanicville, NY	12118				
Certificate valid until: Date:						
This certif	ies that the above employment is in a	scordance with Law and R				
	Subject to any limita	tion or condition specified a	thove.			
3y:) Λ	$\Omega \Omega \Lambda$					
- Alle	Date: 5/2/27					

R. Lindeman 5/13/22

Report All Personnel Changes On This Form.

From:	City County C	Town 🗍	Village Or District 🛮		
Department:					
Name And Title	of Last Employee In Position:				
			•		
Name of Employ	Bryan Russell		Social Security Number: 084-72-2863		
Address: 732 1:	st Avenue Troy, NY 12182				
Title of Position	Network and Technology Coordinator		Salary:		
Non-Veteran 🗸		Veteran 🗍 Ever	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date			
	Personnel Change	Effective Date	Action Necessary By		
			Appointing Officer		
	Permanent	- in the second	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	13/1/22	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		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:			Give I dets onder Remarks		
Appointing Office	er: Jodi A. Birch				
Title: Business					
Address: 25 Kni	skern Ave. Mechanicville, NY	′ 12118			
Certificate valid until: Date:					
Thiș	This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law,				
	Subject to any limita	tion or condition specified (above.		
By:	1 a Robert	1 3	Date: 5/2/2		
- There	3/3/08				

Reselin Lindenann 5/20/22

Report All Personnel Changes On This Form.

	*	G			
From: City	y County Town Village Or District				
Department:					
Name And Title of La	st Employee In Position :				
Name of Employee:	imberly Dunn		Social Security Number		
Address:			.1		
Title of Position: Adm	istrative Secretary		Salary: \$19.48/hr		
Non-Veteran 🔽	Veteran ☐ Disabled \	eteran Exe	mpt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent		Return Report of Certification		
	X Provisional	5/16/2022	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		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		
Ī	Other		Give Facts Under Remarks		
Remarks:					
Appointing Officer: Jo					
^{Title:} Business Mana	ager				
^{Address:} 25 Knisker	n Ave. Mechanicville, NY	12118			
Certificate valid until: Date:					
This certifi	ies that the above employment is in a	accordance with Law and I tion or condition specified			
By:	Respect to any timital	aon or contition specified	Date: 6-110/22		
_ Carlel	$QCU(\alpha F)CCC$ $5/18/2Q$				

Researn Lindemann 5/20/22

Report All Personnel Changes On This Form.

From: Cit	ty 💢 County 🗌	т. П				
	County 🗌	Town 🗌	Village Or District			
Department: Me	Department: Mechanicville District Public Library					
Name And Title of	Last Employee In Position:	7 100011	VSI (LS Y			
Name of Employee: Michelle L. Duell Social Security Number:						
Address: ~	1 ,	is tess	.)			
Title of Position:	Sirector	(c) J	Salary: O A			
Non-Veteran						
Appointments	Check Nature Of					
. appointments		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		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	10111	Give Facts Under Remarks Give Facts Under Remarks			
	Demotion					
•	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks			
	New Position		Give Facts Under Remarks			
	Change in Salary		Submit Form			
		7-1-22	Indicate New Salary \$5,000.00			
	Change in Name Other		Give Facts Under Remarks			
Demondre			Give Facts Under Remarks			
Remarks:						
Appointing Officer:	Michelle Duell Ch	1,00,00	0 0			
Title: The sale	/	MOSTINE BY				
1/1/2(70)	<u> </u>					
Address: 190 N.	Main St. Mechanic	ville NU 1211	8			
Certificate valid until: Date:						
This cert	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 _A A						
Ch/lele	Michelle Quell 5-23-22					

Rose Ann Lindemann 5/23/22

Report All Personnel Changes On This Form.

From: City		Town []	Village Or District			
Department: A						
Nec	harvanlle District &	ublic Library				
Name And Title of L	ast Employee In Position:)			
Name of Employee:	T / 0					
	Josephine Piscu	11;	Social Security Number:			
Address: ~		. 3				
Title of Desitions A	JULY I WIN UULY		,			
Title of Position: (NC) Non-Veteran Disabled Veteran Separate Volunteer Fire Separate Separa						
Non-Veteran	Veteran Disabled \	10710	mpt 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			
Terminations	Labor Class		Attach Application			
terminations	Resignation		Submit Signed Resignation			
	Retirement Deceased		Give Effective Date			
	Removal		Indicate Date			
	Layoff (lack of work or funds)		Attach Copy of Proceedings			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
other changes	Other Leaves 641		Give Facts Under Remarks			
İ	Transfer	From To	Give Facts Under Remarks			
	Demotion	·	Give Facts Under Remarks			
	Suspension	***************************************	Give Facts Under Remarks Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks Give Facts Under Remarks			
	☐ New Position		Submit Form			
Ī	Change in Salary	7-1-22	Indicate New Salary & 14.00 per he			
	☐ Change in Name	1 1 02	Give Facts Under Remarks			
	Other	Maria	Give Facts Under Remarks			
Remarks:	-		The state of the s			
-	A					
Appointing Officer:	Michelle Duell Ch	Webseler (a)	0 0			
Title: Director	/					
Address:	1 01 01 1					
	Main St. Mechanic	will plu structure	7			
Certificate valid until: Date:						
This certific	es that the above employment is in ac	cordance with Law and Ri	ules made in pursuance to Law.			
<u> </u>	Subject to any limitati	on or condition specified a	bove.			
3 1	Date:					
5-23-22						

Rosellun Lindemenn 5/23/22

Report All Personnel Changes On This Form.

From:	City 💹 County 🗌	Town [7]	77'11		
Department:		Town 🗌	Village Or District		
Name And Title	of Last Employee In Position:	Jublic Library	1		
		_)		
Name of Employ		: A .1	Social Security Number:		
Larre J. Shount-Motto					
Address:					
Title of Position:	Class W		W WWW		
Non-Veteran	Clear	(E) J	Salary: 14.00 per hr.		
Appointments	Veteran Disabled		mpt 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		
Terminations	Labor Class		Attach Application		
1 erminations	Resignation Retirement		Submit Signed Resignation		
	Deceased		Give Effective Date		
	Removal		Indicate Date		
	Layoff (lack of work or funds)		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	110111 10	Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary	7-1-22	Indicate New Salary 110,00 our low		
	☐ Change in Name	11 02	Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks: 🔑 .	·				
	↓ .				
Appointing Officer	17 11 11 11 11 11		-		
Title:	Michelle Duell Ch	Melelly in	<u>el</u>		
DIFFIX	705				
Address:	111-21 1/2-1-22	. 11 8 11 12 12	7		
190 N. Main St. Mechaniar lle My 12418					
Certificate valid until: Date:			1		
This ce.	rtifies that the above employment is in a	ccordance with Law and Ru ion or condition specified at	ules made in pursuance to Law.		
3vc	Subject to any limitally	ion or condition specified at			
1 Mineli	all blue oo		Date: 5-23-22		
TALAN TO THE STATE OF THE STATE					

Roseann Lendemann 5/23/22

Report All Personnel Changes On This Form.

From:	City 💹	County [Town	П	Village Or Distric	.t []
Department:	1 ,					· <u>Ш</u>
	Pelhano	Mle District	- Public	c) Jorgin	A	
Name And Title	of Last Emplo	yee In Position:		L L. D. W.	\	
				`		
Name of Emplo	yee:	, ,			Social Security N	umber:
ļ.,,,	Hear	her I hom	<u>aS</u>		1	
Address:	-	-				
Title of Position	. 61	- 1.10 W 100g 1-1	· · · · · · · · · · · · · · · · · · ·	T		
Non-Veteran		Y	(()	·	Salar	y: \$13,20 per. hr.
			ed Veteran		empt Volunteer Firef	ighter [
Appointments	_	Check Nature Of	I	Effective Date	Actio	n Necessary By
	<u>_</u>	Personnel Change		•		ointing Officer
į	Per	manent				t of Certification
	Pro	visional			Attach Applie	
·		nporary	From	То		of Employment
		Term of Office	From	To		nder Remarks
		manent Promotion				t of Certification
		visional Promotion			Attach Nomin	
		n-Competitive Class			Attach Applic	cation
		mpt Class			Submit This I	Form Only
m		or Class			Attach Applic	ation
Terminations		ignation			Submit Signe	
		rement			Give Effectiv	e Date
		eased			Indicate Date	
		noval	_			of Proceedings
Other Changes		off (lack of work or fund	s)		Give Facts Ur	
Other Changes		tary Leave of Absence er Leave of Absence	<u> </u>		Give Facts Ur	
	Tran		From	То	Give Facts Un	-
		otion			Give Facts Un	
		ension			Give Facts Un	
		statement			Give Facts Un	_
		ge in Classification			Give Facts Un	
		Position			Give Facts Un	der Remarks
		ige in Salary	7-	1-22	Submit Form	0-1
		ge in Name		1 32	Indicate New : Give Facts Un	der Remarks
	Othe				Give Facts Un	
Remarks:					GIVE L'acts OII	101 Melharks
-			4			
Appointing Offic			-()	$\overline{}$		
	". Mich	elle Duell	Mich	ile i	uill	j
Title: Direc	too		V \			
Address:	1	01 01 0				
190	N. Maer	1 St. Mecha	woulle	My 1211	Ø	
Certificate valid u	Certificate valid until: Date:					
This c	certifies that th	e above employment is i	n accordance	e with Law and R		
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.						
3y:						
Whe	Muchille Duck 5-23-22					

Rosean Ludemann 5/23/22

Report All Personnel Changes On This Form.

From:	City 🛛 County 🗌	T. [7]				
	County [Town []	Village Or District			
Department: Mechanicille District Public Library						
None And Title	thanking District	Public Library	<u> </u>			
Name And Title	of Last Employee In Position:)			
Name of Employ	100.					
Ivame of Employ		20	Social Security Number:			
Address:	Stephanie Liotte					
	است. د خوا ماند د مساور و ساس د	· 1	ker			
Title of Position:	CLECK	(c)	Salary: 42 20 000 bc			
Non-Veteran	Veteran Disabled					
Appointments	Check Nature Of	· · · · · · · · · · · · · · · · · · ·	mpt Volunteer Firefighter			
1277		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			
m	Labor Class		Attach Application			
Terminations	Resignation		Submit Signed Resignation			
	Retirement		Give Effective Date			
	Deceased Removal		Indicate Date			
			Attach Copy of Proceedings			
Other Changes	Layoff (lack of work or funds) Military Leave of Absence		Give Facts Under Remarks			
Other Changes	Other Leave of Absence		Give Facts Under Remarks			
	Transfer	From To	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		Give Facts Under Remarks			
	Change in Salary	- 1 20	Submit Form			
	Change in Name	7-1-22	Indicate New Salary & LL, 00 por W			
	Other		Give Facts Under Remarks			
Remarks:			Give Facts Under Remarks			
	in and com					
A						
Appointing Office	T. Michelle Duell U	Michael ()	00			
Title: Direct		Track of the second				
Address:						
19D 1	I Main St. Mechani	antle Alla 1211	Ø			
Certificate valid u	ntil:	COTTA TOU TOU	Data			
Date.						
1 nis c	ertifies that the above employment is in a Subject to any limita	secordance with Law and R tion or condition specified a	ules made in pursuance to Law.			
Byr /						
Miles es Dec 0						

Rosean Lindemann 5/23/22

Report All Personnel Changes On This Form.

From: Ci	ty 🛭 County 🗌	Town 🗌	Village Or 1	District [
Department:	Department: A					
1414	Chancule District &	ablic libr	A if I h			
Name And Title of	Last Employee In Position:	WATER CO.	~ ~			
			J			
Name of Employee			Social Secu	rity Number:		
A 1.1	Heather Clements					
Address:		•				
Title of Position:	01-4	(4)	1			
Salary: (2) Salary: (2) 50						
Non-Veteran	Veteran Disabled V		Exempt Voluntee	r Firefighter 🔲		
Appointments	Check Nature Of	Effective D	Date	Action Necessary By		
	Personnel Change			Appointing Officer		
	Permanent		Return	Report of Certification		
	Provisional			Application		
	☐ Temporary	From To		ength of Employment		
	For Term of Office	From To	Give F	acts Under Remarks		
	Permanent Promotion			Report of Certification		
	Provisional Promotion			Nomination		
	Non-Competitive Class			Application		
	Exempt Class			This Form Only		
	Labor Class			Application		
Terminations	Resignation			Signed Resignation		
	Retirement			ffective Date		
	Deceased		Indicate	e Date		
	Removal		Attach	Copy of Proceedings		
O41 Cl	Layoff (lack of work or funds)			icts Under Remarks		
Other Changes	Military Leave of Absence			icts Under Remarks		
	Other Leave of Absence Transfer	From To		icts Under Remarks		
	Demotion			cts Under Remarks		
	Suspension		· · · · · · · · · · · · · · · · · · ·	cts Under Remarks		
	Reinstatement			cts Under Remarks		
	Change in Classification			cts Under Remarks		
	New Position			cts Under Remarks		
	Change in Salary		Submit			
	Change in Name	1-1-22	Indicate	New Salary @17.00 per hr.		
	Other			cts Under Remarks		
Remarks:	tail College		Give Fa	cts Under Remarks		
Annainting Officer	2.0		\sim			
Appointing Officer:	Michelle Duell G	ا به ۱ و و د ا	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Title: Direct		, veres	W. CLEX			
Address:	1					
190 N	Main St. Mechania	will All I	2418	ļ		
Certificate valid until:						
This ceri	ifies that the above employment is in -	occudanas	1 D1 1 *			
1100 0011	ifies that the above employment is in a Subject to any limitat	ion or condition ====	and Kules made in ified above	pursuance to Law.		
ByA A	Choject to any limited	ion or condition spec	ijizu avove.	Data		
Wir 1	all a Will a a a		i	Date: 5-23-22		
	5-37-32					

Rese an Lindemann 5/23/22