

**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
- l) 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
- 6) 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

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: DPW - MAYOR'S OFFICE - OFFICE OF PUBLIC SAFETY

Name And Title of Last Employee In Position: Senior Center

Name of Employee: Ethel M. Brisley Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title of Position: Substitute Salary: 15.00/Hr.

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional	<u>eff date 4/14/22</u> <i>per Emilio</i>	Attach Application
	<input type="checkbox"/> Temporary	From <u>4/25/22</u> To _____	State Length of Employment
	<input checked="" type="checkbox"/> Substitute	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: Eff date 4/14/22 - day after the city council meeting

Appointing Officer: Fred Hosley **FRED HOSLEY**

Title: Commissioner of Public Safety

Address: 36 N. MAINT ST. MECHANICVILLE NY 12118

Certificate valid until: \_\_\_\_\_ Date: 4-20-2022

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

By: Fred Hosley Date: 4-29-2022

*5/5/22 Royal Law Enforcement*

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Public Safety / Senior Center

Name And Title of Last Employee In Position :

Name of Employee: April Turner Social Security Number:

Address:

Title of Position: Office clerk Salary: 15.00 hr

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>1/1/22 \$13.20</u>	Indicate New Salary <u>4/14/22 \$15.00</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Fred Hosby

Title: Public Safety Commissioner

Address: 36 no Main St, 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: Frederick Hosby

Date: 5/5/22 Revelan Sundermann  
Date: 4-29-2022

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Public Safety / Senior Center

Name And Title of Last Employee In/Position :

Name of Employee: Patricia L Brown Social Security Number:

Address:

Title of Position: office clerk Salary: 15.00 Hr.

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
<input checked="" type="checkbox"/>	Permanent		Return Report of Certification
<input type="checkbox"/>	Provisional		Attach Application
<input type="checkbox"/>	Temporary	From To	State Length of Employment
<input type="checkbox"/>	Substitute	From To	Give Facts Under Remarks
<input type="checkbox"/>	For Term of Office	From To	Give Facts Under Remarks
<input type="checkbox"/>	Permanent Promotion		Return Report of Certification
<input type="checkbox"/>	Provisional Promotion		Attach Nomination
<input type="checkbox"/>	Non-Competitive Class		Attach Application
<input type="checkbox"/>	Exempt Class		Submit This Form Only
<input type="checkbox"/>	Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>1/1/2022 14.70</u>	Indicate New Salary <u>4/14/22 15.00</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks:

Appointing Officer: Fred. Hasley

Title: Public Safety Commissioner

Address: 36 no main St 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: Fredrick Hasley Date: 4-29-2022

5/5/22 Reshan Ludevan

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department:

Name And Title of Last Employee In Position :

Name of Employee: **Jordan Siviers** Social Security Number:

Address:

Title of Position: **Monitor** Salary:

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion	3/10/22	Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input checked="" type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: **Jodi A. Birch**

Title: **Business Manager**

Address: **25 Kniskern Ave. Mechanicville, NY 12118**

Certificate valid until: Date:

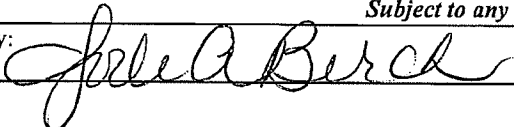
*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  
Subject to any limitation or condition specified above.*

By: *Jodi A. Birch* Date: **5/3/22**

*RoseAnn Lindeman 5/20/22*

## Supplementary Payroll Certification and Report of Personnel Change

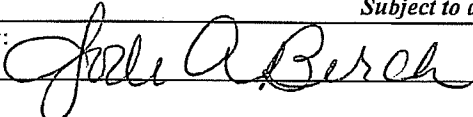
*Report All Personnel Changes On This Form.*

From:	City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>	
Department:					
Name And Title of Last Employee In Position :					
Name of Employee: Colleen Brunick			Social Security Number:		
Address:					
Title of Position: Bus Attendant				Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent				Return Report of Certification
	<input type="checkbox"/> Provisional				Attach Application
	<input type="checkbox"/> Temporary		From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From	To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion		3/7/22		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion				Attach Nomination
	<input type="checkbox"/> Non-Competitive Class				Attach Application
	<input type="checkbox"/> Exempt Class				Submit This Form Only
	<input type="checkbox"/> Labor Class				Attach Application
<b>Terminations</b>	<input type="checkbox"/> Resignation				Submit Signed Resignation
	<input type="checkbox"/> Retirement				Give Effective Date
	<input type="checkbox"/> Deceased				Indicate Date
	<input type="checkbox"/> Removal				Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence				Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer				Give Facts Under Remarks
	<input type="checkbox"/> Demotion				Give Facts Under Remarks
	<input type="checkbox"/> Suspension				Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement				Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification				Give Facts Under Remarks
	<input type="checkbox"/> New Position				Submit Form
	<input type="checkbox"/> Change in Salary				Indicate New Salary
	<input type="checkbox"/> Change in Name				Give Facts Under Remarks
<input type="checkbox"/> Other				Give Facts Under Remarks	
<b>Remarks:</b>					
<b>Appointing Officer:</b> Jodi A. Birch					
Title: Business Manager					
Address: 25 Kniskern Ave.      Mechanicville, NY 12118					
Certificate valid until:				Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: 				Date: 5/13/22	

*RoseAnn Lindemann 5/20/22*

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

*Report All Personnel Changes On This Form.*

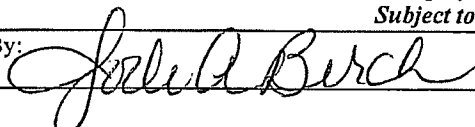
From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Jammie Fisher	Social Security Number: _____		
Address:			
Title of Position: Teacher Aide	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion	4/18/22	Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
<input type="checkbox"/> Labor Class		Attach Application	
<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
<b>Remarks:</b>			
Appointing Officer: Jodi A. Birch			
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 			Date: 5/3/22

*Roseann Lindemann 5/20/22*



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

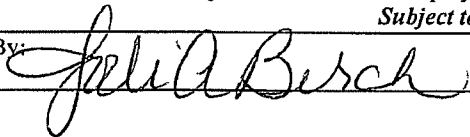
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																		
Department:																																		
Name And Title of Last Employee In Position :																																		
Name of Employee: John Breen	Social Security Number:																																	
Address:																																		
Title of Position: Bus Driver	Salary:																																	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																		
<b>Appointments</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From To</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Permanent Promotion</td> <td>4/1/22</td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> </tbody> </table>	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	<input type="checkbox"/> Permanent		Return Report of Certification	<input type="checkbox"/> Provisional		Attach Application	<input type="checkbox"/> Temporary	From To	State Length of Employment	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	<input checked="" type="checkbox"/> Permanent Promotion	4/1/22	Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input type="checkbox"/> Non-Competitive Class		Attach Application	<input type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application			
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<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks																																
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<input type="checkbox"/> Change in Classification		Give Facts Under Remarks																																
<input type="checkbox"/> New Position		Submit Form																																
<input type="checkbox"/> Change in Salary		Indicate New Salary																																
<input type="checkbox"/> Change in Name		Give Facts Under Remarks																																
<input type="checkbox"/> Other		Give Facts Under Remarks																																
Remarks:																																		
Appointing Officer: Jodi A. Birch																																		
Title: Business Manager																																		
Address: 25 Kniskern Ave. Mechanicville, NY 12118																																		
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By: 	Date: 5/13/22																																	

*Roseann Lendemann 5/20/22*

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

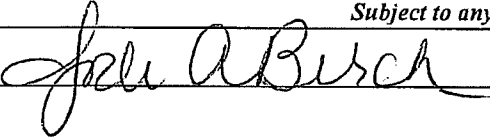
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																		
Department:																																		
Name And Title of Last Employee In Position :																																		
Name of Employee: John Conlen Jr.	Social Security Number:																																	
Address:																																		
Title of Position: Bus Driver	Salary:																																	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																		
<b>Appointments</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From To</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Permanent Promotion</td> <td>3/7/22</td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> </tbody> </table>	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	<input type="checkbox"/> Permanent		Return Report of Certification	<input type="checkbox"/> Provisional		Attach Application	<input type="checkbox"/> Temporary	From To	State Length of Employment	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	<input checked="" type="checkbox"/> Permanent Promotion	3/7/22	Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input type="checkbox"/> Non-Competitive Class		Attach Application	<input type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application			
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Title: Business Manager																																		
Address: 25 Kniskern Ave. Mechanicville, NY 12118																																		
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By: 	Date: 5/3/22																																	

*Roseann Lindemann 5/20/22*

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

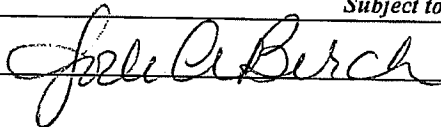
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Ashley Strazzi	Social Security Number:			
Address:				
Title of Position: Nurse	Salary:			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion	4/28/22		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
<b>Terminations</b>	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
<b>Remarks:</b>				
Appointing Officer: Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:				Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 				Date: 5/3/22

*Roseann Lindemann 5/20/22*

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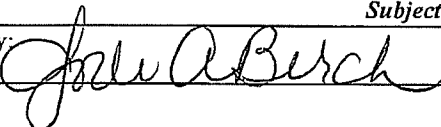
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Vincent Lavazzo	Social Security Number:			
Address:				
Title of Position: Bus Driver	Salary:			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input checked="" type="checkbox"/> Permanent Promotion	3/7/22	Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
		<input type="checkbox"/> Removal		Attach Copy of Proceedings
		<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
<b>Remarks:</b>				
<b>Appointing Officer:</b> Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
<b>Certificate valid until:</b>			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 			Date: 5/13/22	

*Rose Ann Lindemann 5/20/22*

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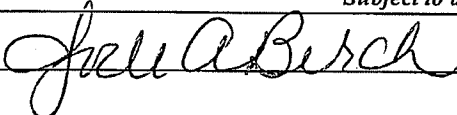
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Jennifer Muscato	Social Security Number:			
Address:				
Title of Position: Teacher Aide	Salary:			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input checked="" type="checkbox"/> Permanent Promotion	4/18/22	Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
		<input type="checkbox"/> Removal		Attach Copy of Proceedings
		<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
<b>Remarks:</b>				
Appointing Officer: Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
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*Rose Ann Lindemann 5/20/22*

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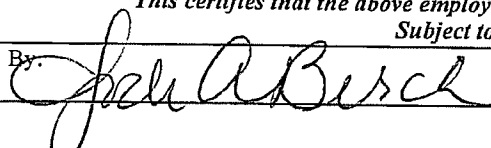
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From:      City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																		
Department:																																		
Name And Title of Last Employee In Position :																																		
Name of Employee: Kelly Hastings	Social Security Number:      -      -      -																																	
Address:																																		
Title of Position: Teacher Aide	Salary:																																	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																		
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<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks																																
<input type="checkbox"/> Other Leave of Absence	From      To	Give Facts Under Remarks																																
<input type="checkbox"/> Transfer		Give Facts Under Remarks																																
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Appointing Officer: Jodi A. Birch																																		
Title: Business Manager																																		
Address: 25 Kniskern Ave.      Mechanicville, NY 12118																																		
Certificate valid until:	Date:																																	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>																																		
By: 	Date: 5/13/22																																	

*RoseAnn Lindemann 5/20/22*

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

*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Vanessa Fink			Social Security Number:	
Address:				
Title of Position: Teacher Aide			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion		3/7/22	Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:				Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 				Date: 5/3/22

*RoseAnn Lindemann 5/20/22*

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

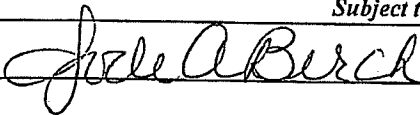
From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>		
Department:								
Name And Title of Last Employee In Position :								
Name of Employee: Breanna Toleman						Social Security Number:		
Address:								
Title of Position: <i>Teacher Aide</i>						Salary:		
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>		
Appointments	<b>Check Nature Of Personnel Change</b>			<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>		
	<input type="checkbox"/> Permanent					Return Report of Certification		
	<input type="checkbox"/> Provisional					Attach Application		
	<input type="checkbox"/> Temporary			From	To	State Length of Employment		
	<input type="checkbox"/> For Term of Office			From	To	Give Facts Under Remarks		
	<input checked="" type="checkbox"/> Permanent Promotion			4/19/22		Return Report of Certification		
	<input type="checkbox"/> Provisional Promotion					Attach Nomination		
	<input type="checkbox"/> Non-Competitive Class					Attach Application		
	<input type="checkbox"/> Exempt Class					Submit This Form Only		
	<input type="checkbox"/> Labor Class					Attach Application		
	Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
		<input type="checkbox"/> Retirement					Give Effective Date	
		<input type="checkbox"/> Deceased					Indicate Date	
		<input type="checkbox"/> Removal					Attach Copy of Proceedings	
		<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks		
	<input type="checkbox"/> Other Leave of Absence			From	To	Give Facts Under Remarks		
	<input type="checkbox"/> Transfer					Give Facts Under Remarks		
	<input type="checkbox"/> Demotion					Give Facts Under Remarks		
	<input type="checkbox"/> Suspension					Give Facts Under Remarks		
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks		
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks		
	<input type="checkbox"/> New Position					Submit Form		
	<input type="checkbox"/> Change in Salary					Indicate New Salary		
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks		
<input type="checkbox"/> Other					Give Facts Under Remarks			
Remarks:								
Appointing Officer: Jodi A. Birch								
Title: Business Manager								
Address: 25 Kniskern Ave. Mechanicville, NY 12118								
Certificate valid until:						Date:		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>								
By: <i>Jodi A. Birch</i>						Date: <i>5/3/22</i>		

*Rosalynn Lunden* 5/20/22



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


*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>		
Department:								
Name And Title of Last Employee In Position :								
Name of Employee: Bryan McCreary				Social Security Number:				
Address:								
Title of Position: Network Technician						Salary:		
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>		
Appointments	<b>Check Nature Of Personnel Change</b>			<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>		
	<input checked="" type="checkbox"/> Permanent					Return Report of Certification		
	<input type="checkbox"/> Provisional					Attach Application		
	<input type="checkbox"/> Temporary			From	To	State Length of Employment		
	<input type="checkbox"/> For Term of Office			From	To	Give Facts Under Remarks		
	<input checked="" type="checkbox"/> Permanent Promotion			3/1/22		Return Report of Certification		
	<input type="checkbox"/> Provisional Promotion					Attach Nomination		
	<input type="checkbox"/> Non-Competitive Class					Attach Application		
	<input type="checkbox"/> Exempt Class					Submit This Form Only		
	<input type="checkbox"/> Labor Class					Attach Application		
	Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
		<input type="checkbox"/> Retirement					Give Effective Date	
		<input type="checkbox"/> Deceased					Indicate Date	
<input type="checkbox"/> Removal						Attach Copy of Proceedings		
<input type="checkbox"/> Layoff (lack of work or funds)						Give Facts Under Remarks		
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks		
	<input type="checkbox"/> Other Leave of Absence			From	To	Give Facts Under Remarks		
	<input type="checkbox"/> Transfer					Give Facts Under Remarks		
	<input type="checkbox"/> Demotion					Give Facts Under Remarks		
	<input type="checkbox"/> Suspension					Give Facts Under Remarks		
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks		
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks		
	<input type="checkbox"/> New Position					Submit Form		
	<input type="checkbox"/> Change in Salary					Indicate New Salary		
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks		
<input type="checkbox"/> Other					Give Facts Under Remarks			
Remarks:								
Appointing Officer: Jodi A. Birch								
Title: Business Manager								
Address: 25 Kniskern Ave. Mechanicville, NY 12118								
Certificate valid until:						Date:		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>								
By: 						Date: 5/12/20		

*R. Lindemann 5/13/22*

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

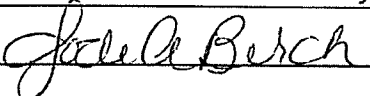
*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Bryan Russell	Social Security Number: 084-72-2863			
Address: 732 1st Avenue Troy, NY 12182				
Title of Position: Network and Technology Coordinator				
Salary:				
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input checked="" type="checkbox"/> Permanent Promotion	3/1/22	Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
<b>Remarks:</b>				
Appointing Officer: Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 			Date: 5/20/22	

*RoseAnn Lundenmann 5/20/22*

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

*Report All Personnel Changes On This Form.*

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Kimberly Dunn			Social Security Number:	
Address:				
Title of Position: Admrstrative Secretary			Salary: \$19.48/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input checked="" type="checkbox"/> Provisional		5/16/2022	Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
<b>Terminations</b>	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
<b>Remarks:</b>				
<b>Appointing Officer:</b> Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 			Date: 5/18/22	

*Roseann Lindemann 5/20/22*

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Mechanicville District Public Library</u>			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Michelle L. Duell</u>		Social Security Number: _____	
Address: _____			
Title of Position: <u>Director</u>		Salary: <u>80,000</u>	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-22</u>	Indicate New Salary <u>\$85,000.00</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks: _____			
Appointing Officer: <u>Michelle Duell</u>			
Title: <u>Director</u>			
Address: <u>190 N. Main St. Mechanicville NY 12118</u>			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Michelle Duell</u>			Date: <u>5-23-22</u>

*RoseAnn Ludemann 5/23/22*

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Mechanville District Public Library</u>			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Josephine Pisculli</u>		Social Security Number:	
Address: -			
Title of Position: <u>Check (NC)</u>		Salary: <u>\$13.20 per hr</u>	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-22</u>	Indicate New Salary <u>\$14.00 per hr</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: <u>Michelle Duell</u>			
Title: <u>Director</u>			
Address: <u>190 N Main St Mechanville NY 12118</u>			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Michelle Duell</u>			Date: <u>5-23-22</u>

*Rosellum Lindemann 5/23/22*

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Carrie S. Shepat-Motta

Social Security Number:                     

Address:                     

Title of Position: Clerk (C) J

Salary: \$14.00 per hr.

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From      To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-22</u>	Indicate New Salary <u>\$16.00 per hr.</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:                     

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N Main St 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: Michelle Duell

Date: 5-23-22

*RoseAnn Lindemann 5/23/22*

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District   
 Department: Mechanicville District Public Library  
 Name And Title of Last Employee In Position :

Name of Employee: Heather Thomas Social Security Number:  
 Address: .

Title of Position: Clerk (c) Salary: \$13.20 per hr.  
 Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
<input type="checkbox"/> Permanent				Return Report of Certification
<input type="checkbox"/> Provisional				Attach Application
<input type="checkbox"/> Temporary		From	To	State Length of Employment
<input type="checkbox"/> For Term of Office		From	To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion				Return Report of Certification
<input type="checkbox"/> Provisional Promotion				Attach Nomination
<input type="checkbox"/> Non-Competitive Class				Attach Application
<input type="checkbox"/> Exempt Class				Submit This Form Only
<input type="checkbox"/> Labor Class				Attach Application
<b>Terminations</b>	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input checked="" type="checkbox"/> Change in Salary		<u>7-1-22</u>	Indicate New Salary <u>\$14.00 per hr.</u>
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks:

Appointing Officer: Michelle Duell (Michelle Duell)  
 Title: Director  
 Address: 190 N Main St 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: Michelle Duell Date: 5-23-22

*RoseAnn Lindemann 5/23/22*

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Mechanicville District Public Library  
Name And Title of Last Employee In Position :

Name of Employee: Stephanie Liotta Social Security Number:

Address:

Title of Position: Clerk (C) Salary: 93.20 per hr.

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input checked="" type="checkbox"/> Change in Salary		<u>7-1-22</u>	Indicate New Salary <u>@14.00 per hr.</u>
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	

Remarks: 5.00 per hr.

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N Main St 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: Michelle Duell

Date: 5-23-22

RoseAnn Lindemann 5/23/22



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

*Report All Personnel Changes On This Form.*

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Mechanville District Public Library</u>				
Name And Title of Last Employee In Position :				
Name of Employee: <u>Heather Clements</u>	Social Security Number: . . .			
Address: . . .				
Title of Position: <u>Clerk (c)</u>	Salary: <u>\$15.50</u>			
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
		<input type="checkbox"/> Removal		Attach Copy of Proceedings
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-22</u>	Indicate New Salary <u>&amp; \$17.00 per hr.</u>	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
Remarks:				
Appointing Officer: <u>Michelle Duell</u>				
Title: <u>Director</u>				
Address: <u>190 N. Main St. Mechanville NY 12118</u>				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <u>Michelle Duell</u>			Date: <u>5-23-22</u>	

*Rose Ann Lindemann 5/23/22*