

Mechanicville Civil Service Commission
Meeting Agenda
October 12, 2022
4:00 p.m.

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

City of Mechanicville

- a) Matthew Coreno was appointed Working Supervisor (Permanent Promotion) (NC) effective 9/14/22
- b) James Herkel resigned as Code Enforcement Officer effective 9/9/22
- c) Kyle Woodard was appointed Code Enforcement Officer (Provisional) 9/14/22

Library

- a) Erika Oest-Harris was appointed Cleaner (L) effective 7/1/22
- b) Erika Oest-Harris was appointed Library Clerk (Provisional) effective 9/7/22

School District

- a) Kenneth Cooper was appointed as Engagement Coordinator (Provisional) effective 9/6/22.
- b) David Petrie was appointed Safety Liaison (Provisional) effective 9/6/22
- c) Lucas Castillo was appointed Cleaner (L) effective 7/11/22
- d) Deborah Stalker was appointed Bus Driver (NC) effective 9/6/22
- e) Katrina Miller was appointed Teacher Aide (NC) effective 9/6/22
- f) Hannah Sowle was appointed Teacher Aide (NC) effective 9/6/22
- g) Deborah Merchant was appointed Teacher Aide (NC) effective 9/6/22
- h) Molly Wroblewski was appointed Teacher Aide (NC) effective 9/6/22
- i) Kaylee Maynard was appointed Teacher Aide (NC) 9/6/22
- j) Rachael Waldron was appointed Teacher Aide (NC) 9/6/22
- k) Hailey Agars was appointed Teacher Aide (NC) 9/6/22
- l) Mandy Guerrero-Garmley was appointed Nurse (NC) effective 9/6/22

- 5.) Old Business - Police Officer Examination was held 9/17/22

- 6.) New Business – Approval of Police Sergeant List of Eligibles
- 7.) Appearances
- 8.) Next Meeting November 2, 2022
- 9.) Adjournment

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: DPW				
Name And Title of Last Employee In Position :				
Name of Employee: Matthew Coreno	Social Security Number:			
Address:				
Title of Position: Working Supervisor	Salary: \$31.80			
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 checked="" 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 checked="" type="checkbox"/> Change in Classification	9/14/22	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: From Temporary to Permanent Working Supervisor				
Appointing Officer: Michael Butler				
Title: Mayor Acting DPW Commissioner				
Address: 36 W. Main Street Mechanicville, NY 12118				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.</i>				
By: Michael J. Butler			Date: 10-4-2022	

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Building/Codes

Name And Title of Last Employee In Position :

Name of Employee: Jim Herkel Social Security Number:

Address:

Title of Position: Code Enforcement Officer 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			
<input type="checkbox"/> Provisional				Attach Application
<input type="checkbox"/> Temporary		From	To	State Length of Employment
<input type="checkbox"/> For Term of Office		From	To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion				Return Report of Certification
<input type="checkbox"/> Provisional Promotion				Attach Nomination
<input type="checkbox"/> Non-Competitive Class				Attach Application
<input type="checkbox"/> Exempt Class				Submit This Form Only
<input type="checkbox"/> Labor Class				Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		<u>9/9/22</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks:

Appointing Officer:

Title: Mayor

Address: 36 W Main Street 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: Michael J. Butler Date: 10-4-2022

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

**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>Building / Codes</u>																																																																																					
Name And Title of Last Employee In Position : <u>James Herkel</u>																																																																																					
Name of Employee: <u>Kyle Woodard</u>	Social Security Number:																																																																																				
Address:																																																																																					
Title of Position: <u>Code Enforcement Officer</u>	Salary: <u>\$27.50</u>																																																																																				
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																																																																					
Appointments	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Check Nature Of Personnel Change</th> <th>Effective Date</th> <th>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 checked="" type="checkbox"/> Provisional</td> <td align="center"><u>9/14/22</u></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From To</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td>Terminations</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td>Other Changes</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</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 checked="" type="checkbox"/> Provisional	<u>9/14/22</u>	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		Submit Signed Resignation	<input type="checkbox"/> Resignation		Give Effective Date	<input type="checkbox"/> Retirement		Indicate Date	<input type="checkbox"/> Deceased		Attach Copy of Proceedings	<input type="checkbox"/> Removal		Give Facts Under Remarks	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks	Other Changes		Give Facts Under Remarks	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	<input type="checkbox"/> Transfer		Give Facts Under Remarks	<input type="checkbox"/> Demotion		Give Facts Under Remarks	<input type="checkbox"/> Suspension		Give Facts Under Remarks	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	<input type="checkbox"/> New Position		Submit Form	<input type="checkbox"/> Change in Salary		Indicate New Salary	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	<input type="checkbox"/> Other		Give Facts Under Remarks
Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer																																																																																			
<input type="checkbox"/> Permanent		Return Report of Certification																																																																																			
<input checked="" type="checkbox"/> Provisional	<u>9/14/22</u>	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		Submit Signed Resignation																																																																																			
<input type="checkbox"/> Resignation		Give Effective Date																																																																																			
<input type="checkbox"/> Retirement		Indicate Date																																																																																			
<input type="checkbox"/> Deceased		Attach Copy of Proceedings																																																																																			
<input type="checkbox"/> Removal		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks																																																																																			
Other Changes		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Transfer		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Demotion		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Suspension		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Reinstatement		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Change in Classification		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> New Position		Submit Form																																																																																			
<input type="checkbox"/> Change in Salary		Indicate New Salary																																																																																			
<input type="checkbox"/> Change in Name		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Other		Give Facts Under Remarks																																																																																			
Remarks:																																																																																					
MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>10/7/22</u> <u>RoseAnn Lindeman</u>																																																																																					
Appointing Officer: <u>Michael Butler</u>																																																																																					
Title: <u>Mayor</u>																																																																																					
Address: <u>36 N. Main Street 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>Michael J Butler</u>	Date: <u>10-7-2022</u>																																																																																				

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: <u>Mechanicville District Public Library</u>					
Name And Title of Last Employee In Position: <u>Jammie Fisher, Cleaner</u>					
Name of Employee: <u>Erika Oest-Harris</u>		Social Security Number:			
Address:					
Title of Position: <u>Cleaner</u>		Salary: <u>\$15.00 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		<u>7-1-22</u>	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 checked="" 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: <u>Michelle Duell</u>					
Title: <u>Director</u>					
Address: <u>190 N. Main St. Mechanicville NY 12118</u>					
Certificate valid until:			Date: <u>7-1-22</u>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <u>Michelle L Duell</u>			Date: <u>7-1-22</u>		

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED

9/30/22

**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: Jammie Fisher, Clerk

Name of Employee: Erika Oest-Harris Social Security Number: _____

Address: _____

Title of Position: Library Clerk 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 checked="" type="checkbox"/> Provisional	9-7-22	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 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: Michelle Dwell

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: _____ Date: 9-7-22

*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 Y Dwell Date: 9-7-22

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

DATE

9/30/22

**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: Kenneth Cooper			Social Security Number:	
Address:				
Title of Position: Engagement Coordinator			Salary: \$28.99/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input checked="" type="checkbox"/> Provisional		09/06/2022	Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input type="checkbox"/> Labor Class			Attach Application
	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager			RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118			DATE <u>9/8/22</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: <i>Jodi A. Birch</i>			Date: <u>9/7/2022</u>	

RoseAnn Lindemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: David Petrie	Social Security Number:		
Address:			
Title of Position: Safety Liaison	Salary: \$24.81/hour		
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	09/06/2022	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
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager		DATE <u>9/30/22</u>	
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: <u>9/30/2022</u>	

RoseAnn Lindemann

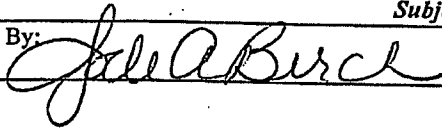
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Lucas Castillo				Social Security Number:			
Address:							
Title of Position: Cleaner						Salary: \$16.98/hour	
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 type="checkbox"/>	Permanent Promotion				Return Report of Certification	
	<input type="checkbox"/>	Provisional Promotion				Attach Nomination	
	<input type="checkbox"/>	Non-Competitive Class				Attach Application	
	<input type="checkbox"/>	Exempt Class				Submit This Form Only	
	<input checked="" type="checkbox"/>	Labor Class		07/11/2022	Probationary	Attach Application	
Terminations	<input type="checkbox"/>	Resignation				Submit Signed Resignation	
	<input type="checkbox"/>	Retirement				Give Effective Date	
	<input type="checkbox"/>	Deceased				Indicate Date	
	<input type="checkbox"/>	Removal				Attach Copy of Proceedings	
	<input type="checkbox"/>	Layoff (lack of work or funds)				Give Facts Under Remarks	
Other Changes	<input type="checkbox"/>	Military Leave of Absence				Give Facts Under Remarks	
	<input type="checkbox"/>	Other Leave of Absence		From	To	Give Facts Under Remarks	
	<input type="checkbox"/>	Transfer				Give Facts Under Remarks	
	<input type="checkbox"/>	Demotion				Give Facts Under Remarks	
	<input type="checkbox"/>	Suspension				Give Facts Under Remarks	
	<input type="checkbox"/>	Reinstatement				Give Facts Under Remarks	
	<input type="checkbox"/>	Change in Classification				Give Facts Under Remarks	
	<input type="checkbox"/>	New Position				Submit Form	
	<input type="checkbox"/>	Change in Salary				Indicate New Salary	
	<input type="checkbox"/>	Change in Name				Give Facts Under Remarks	
<input type="checkbox"/>	Other				Give Facts Under Remarks		
Remarks:							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>9/30/22</u> <i>Rose Ann Jandrew</i> Date:	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:							
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>						Date: <u>9/30/22</u>	

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Deborah Stalker	Social Security Number: 1 _ _ _ _ _		
Address:			
Title of Position: Bus Driver	Salary: \$21.58/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input 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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	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: 9/30/22

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

9/30/22

**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: Katrina Miller	Social Security Number: _____		
Address: _____			
Title of Position: Teacher Aide	Salary: \$14.11/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input 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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	Attach Application
	<input checked="" 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: 9/30/22

Roxanne Linder
MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED

**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: Hannah Sowle	Social Security Number:																																																																																				
Address:																																																																																					
Title of Position: Teacher Aide	Salary: \$14.11/hr																																																																																				
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																																																																					
Appointments	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input 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 type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Competitive Class</td> <td>09/06/2022 Probationary</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> <tr> <td>Terminations</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td>Other Changes</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</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 type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	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
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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	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	<i>Rose Ann Linderman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED																																																																																				
Title: Business Manager																																																																																					
Address: 25 Kniskern Ave. Mechanicville, NY 12118	DATE: 9/30/22																																																																																				
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: 9/30/22																																																																																				

**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: Deborah Merchant	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary: \$14.11/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input 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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	Attach Application
	<input checked="" 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: 9/30/22

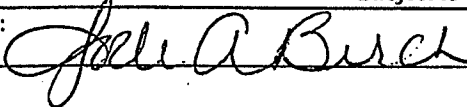
**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

9/30/22

**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: Molly Wroblewski	Social Security Number:																																	
Address:																																		
Title of Position: Teacher Aide	Salary: \$14.11/hr																																	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																		
Appointments	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input 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 type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Competitive Class</td> <td>09/06/2022 Probationary</td> <td>Attach Application</td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	Attach Application	<input checked="" type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application			
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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	Attach Application																																
<input checked="" type="checkbox"/> Exempt Class		Submit This Form Only																																
<input type="checkbox"/> Labor Class		Attach Application																																
Terminations	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> </tbody> </table>	<input type="checkbox"/> Resignation		Submit Signed Resignation	<input type="checkbox"/> Retirement		Give Effective Date	<input type="checkbox"/> Deceased		Indicate Date	<input type="checkbox"/> Removal		Attach Copy of Proceedings	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks																		
<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	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</td> </tr> </tbody> </table>	<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
<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: 9/30/22																																	

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

**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: Kaylee Maynard		Social Security Number:		
Address:				
Title of Position: Teacher Aide			Salary: \$14.11/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input 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 checked="" type="checkbox"/> Non-Competitive Class		09/06/2022 Probationary	Attach Application
	<input checked="" 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		<i>Rose Ann Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 9/30/22		
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: 9/30/22	

**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: Rachael Waldron	Social Security Number: 000 00 0000		
Address:			
Title of Position: Teacher Aide	Salary: \$14.11/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input 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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	Attach Application
	<input checked="" 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: 9/30/22

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

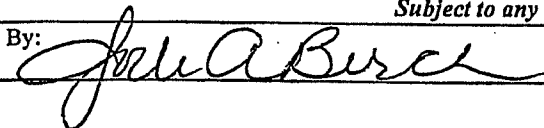
DATE

9/30/22

David Lindemann

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

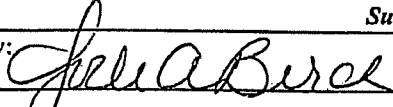
Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Hailey Agars		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary: \$14.11/hr
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change		Action Necessary By Appointing Officer
	Effective Date		
<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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022	Probationary	Attach Application
<input checked="" 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: 9/30/22

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

**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: Mandy Guerrero Garmley	Social Security Number:																																																																																				
Adc:																																																																																					
Title of Position: Nurse	Salary: \$34.38/hr																																																																																				
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																																																																					
Appointments	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input 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 type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Competitive Class</td> <td>09/06/2022 Probationary</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> <tr> <td>Terminations</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td>Other Changes</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</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 type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	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
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 checked="" type="checkbox"/> Non-Competitive Class	09/06/2022 Probationary	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: 9/30/22																																																																																				

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

*Roseanna
Anderson*

TITLE OF ELIGIBLE LIST

Police Sergeant - Exam #77750

Prepared by Rose Ann Lindemann
Checked by Dawnmarie Robens

**MECHANICVILLE
CIVIL SERVICE COMMISSION**

Date List Established: 15-Sep-22
Expiration Date: 15-Sep-25

By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Sen. Credits	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Jordan McBride		82		0	82			