

Mechanicville Civil Service Commission
Meeting Agenda
September 7, 2022
4:00 p.m.

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

City of Mechanicville

- a) Andrew Hollenbeck was appointed as full time Cleaner (L) effective 8/15/22
- b) Patrick Sgambati resigned as PT Cleaner effective 8/15/22
- c) Frank Izzo resigned as PT Cleaner effective 8/15/22
- d) Diane Craig was appointed as Substitute Clerk (NC) effective 8/10/22
- e) April Turner was appointed as Deputy Commissioner of Public Safety (Exempt) effective 7/1/22
- f) Ethel Baisley was appointed PT Clerk (NC) effective 7/1/22
- g) Marie Abraham was appointed as FT Police Officer (C) effective 8/27/22
- h) Frank Schaeffer resigned as Police Officer effective 7/28/22
- i) Gerald Casertino resigned as Police Officer effective 7/29/22
- j) Daniel Shameti was appointed as PT Police Officer (NC) effective 7/28/22

Library

- a) Jammie Fisher resigned as Library Clerk on 6/30/22
- 5.) Old Business - Police Officer Examination will be held 9/17/22.
- 6.) New Business – Examinations Posted for Account Clerk and Library Clerk
- 7.) Appearances
- 8.) Next Meeting October 5, 2022
- 9.) Adjournment

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

Report All Personnel Changes On This Form.

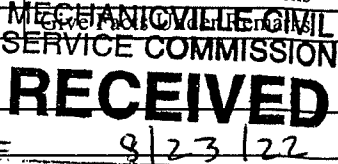
From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: <u>Andrew T. Hollenbeck</u>		Social Security Number:		
Address:				
Title of Position: <u>Cleaner - full time</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 checked="" type="checkbox"/> Permanent		<u>8-15-2022</u>	Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input 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>Michael Butler</u>		DATE <u>8/23/22</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>8-15-2022</u>	

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

Rose Ann Lindemann

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:			
Name And Title of Last Employee In Position :			
Name of Employee: Patrick Sgambati	Social Security Number:		
Address:			
Title of Position: Cleaner	Salary:		
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
Terminations	<input checked="" type="checkbox"/> Resignation	8-15-2022	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Michael Butler			
Title: Mayor		DATE: 8/23/22	
Address: 36 N 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: 8-15-2022	

Rose Ann Lindeman

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:			
Name And Title of Last Employee In Position :			
Name of Employee: Frank Izzo		Social Security Number:	
Address:			
Title of Position: Cleaner			Salary:
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 checked="" type="checkbox"/> Resignation	8-15-2022	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED			
Appointing Officer: Michael Butler		DATE 8/23/22	
Title: Mayor			
Address: 36 N 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: 8-15-2022

RaeAnn Lindemann

**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

Name And Title of Last Employee In Position: Ethel Baisley Sub Clerk

Name of Employee: Diane Craig Social Security Number: _____

Address: _____

Title of Position: Sub Clerk Salary: 15 /Hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer
			8/10/22		
Appointments	<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 checked="" type="checkbox"/> Non-Competitive Class				Attach Application
	<input type="checkbox"/> Exempt Class				Submit This Form Only
	<input type="checkbox"/> Labor Class				Attach Application
Terminations	<input type="checkbox"/> Resignation				Submit Signed Resignation
	<input type="checkbox"/> Retirement				Give Effective Date
	<input type="checkbox"/> Deceased				Indicate Date
	<input type="checkbox"/> Removal				Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence				Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer				Give Facts Under Remarks
	<input type="checkbox"/> Demotion				Give Facts Under Remarks
	<input type="checkbox"/> Suspension				Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement				Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification				Give Facts Under Remarks
	<input type="checkbox"/> New Position				Submit Form
	<input type="checkbox"/> Change in Salary				Indicate New Salary
	<input type="checkbox"/> Change in Name				Give Facts Under Remarks
<input type="checkbox"/> Other				Give Facts Under Remarks	

Remarks: _____

MECHANICVILLE CIVIL SERVICE COMMISSION

Appointing Officer: Rose Ann Lindeman **RECEIVED**

Title: _____ DATE: 8/19/22

Address: _____

Certificate valid until: _____ Date: 8/19/22

*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: _____ Date: _____

**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>Public Safety</u>																															
Name And Title of Last Employee In Position : <u>Kim Noonan</u>																															
Name of Employee: <u>April Turner</u>	Social Security Number:																														
Address:																															
Title of Position: <u>Deputy Commissioner of Public Safety</u>	Salary: <u>30,500</u>																														
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>Check Nature Of Personnel Change</th> <th>Effective Date</th> <th>Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Permanent</td> <td align="center"><u>7/1/2022</u></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></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 checked="" type="checkbox"/> Permanent	<u>7/1/2022</u>	Return Report of Certification	<input type="checkbox"/> Provisional		Attach Application	<input type="checkbox"/> Temporary	From To	State Length of Employment	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application	<input 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 checked="" type="checkbox"/> Permanent	<u>7/1/2022</u>	Return Report of Certification																												
	<input type="checkbox"/> Provisional		Attach Application																												
	<input type="checkbox"/> Temporary	From To	State Length of Employment																												
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks																												
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification																												
	<input type="checkbox"/> Provisional Promotion		Attach Nomination																												
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application																												
	<input 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																													
	<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: <u>Commissioner of Public Safety</u>																															
Address: <u>36 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>Shelby Hasley</u>	Date: <u>8/12/22</u>																														

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 8/12/22

**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>Public Safety</u>			
Name And Title of Last Employee In Position: <u>April Turner</u>			
Name of Employee: <u>Ethel Baisley</u>		Social Security Number: _____	
Address: _____			
Title of Position: <u>Clerk @ Senior Center</u>		Salary: <u>15 / 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 checked="" type="checkbox"/> Permanent	<u>7/1/2022</u>	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From _____ To _____	State Length of Employment
	<input type="checkbox"/> For Term of Office	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks: _____			
Appointing Officer: _____			
Title: <u>Commissioner of Public Safety</u>			
Address: <u>36 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>Frederick Hosley</u>		Date: <u>8/12/22</u>	

R. Lindemann

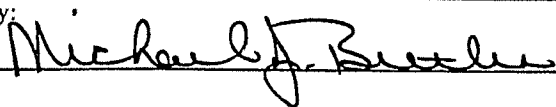
**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

DATE 8/12/22

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"/>					
Mechanicville					
Department: Mechanicville Police Department					
Name And Title of Last Employee In Position : Frank Schaeffer					
Name of Employee: Marie Abraham		Social Security Number: X			
Address:					
Title of Position: Full-Time Police Officer			Salary: \$55,742.65		
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 checked="" type="checkbox"/> Permanent		08/27/2022	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
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Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
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	<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: Michael Butler					
Title: Mayor					
Address: 36 North 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: 			Date: 8-11-2022		

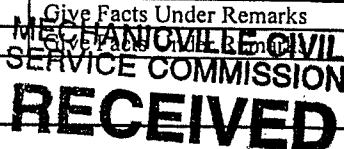
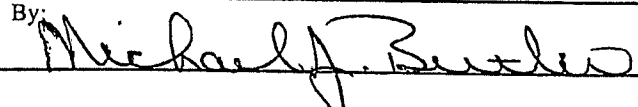
MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 8/12/22 R. Lindemann

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"/>			
Mechanicville			
Department: Mechanicville Police Department			
Name And Title of Last Employee In Position :			
Name of Employee: Frank Schaeffer		Social Security Number: X	
Address: Mechanicville, NY			
Title of Position: Police Officer			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
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	<input type="checkbox"/> Temporary	From To	State Length of Employment
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	<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	07/28/2022	Submit Signed Resignation
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	<input type="checkbox"/> Deceased		Indicate Date
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	<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
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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: Michael Butler			
Title: Mayor		DATE: 7/9/22	
Address: 36 North 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: 			Date: 7-15-2022

R. Lindemann

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"/>				
Mechanicville				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: Gerald Casertino		Social Security Number:		
Address: Mechanicville, NY 12118				
Title of Position: Police Officer		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"/> 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
Terminations	<input checked="" type="checkbox"/> Resignation	07/29/2022		Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Mayor Mike Butler				MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED
Title: Mayor				
Address: 36 North Main Street, Mechanicville, NY 12118 DATE <u>7/9/22</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: <u>Michael J. Butler</u>			Date: <u>7-15-2022</u>	

R. Lendemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: Daniel Shameti		Social Security Number: ,		
Address: Mechanicville, NY				
Title of Position: Police Officer (PT)			Salary: \$25.00 per 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"/> 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 checked="" type="checkbox"/> Non-Competitive Class	07/28/2022		Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
	Terminations	<input type="checkbox"/> 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: Michael Butler				
Title: Mayor				
Address: 36 North 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 Butler			Date: 8-8-2022	

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 8/9/22

Rose Ann Lindeman

**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: Jammie M. Fisher. Social Security Number: _____

Address: _____

Title of Position: 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	
<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 checked="" 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	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 L. 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 L. Duell Date: 6-30-22

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 8/29/22

Roseleen Lindemann