### Mechanicville Civil Service Commission Meeting Agenda September 6, 2023 6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of June 7, 2023
- 3) Communications
- 4) Report of Personnel Changes

#### City of Mechanicville

- a) Marie Abraham resigned as Full Time Police Officer effective 6/1/23
- b) Marc Debates retired as Motor Equipment Operator effective 6/7/23
- c) Heaven Mauleon was appointed Full Time Police Officer (Prov) effective 6/17/23
- d) Heaven Mauleon resigned as Police Officer effective 6/29/23
- e) Nathan McLaughlin was appointed Part Time Police Officer (NC) effective 6/15/23
- f) Jason McClements was appointed Full Time Police Officer (C) effective 6/14/23
- g) John Pugliese retired as Police Officer effective 3/23/23
- h) Vincenzo Traina was appointed Full Time Police Officer (C) effective 6/17/23
- i) Travis Lampson was appointed as Laborer (L) effective 7/13/23
- j) Kevin Rose was appointed as Temp. Recreation Supervisor (L) effective 7/17/23-8/19/23
- k) Kevin Huehn was appointed as Motor Equipment Operator (NC) effective 8/15/23
- 1) Lynn Meager was appointed Animal Control Officer (NC) effective 8/24/23

#### Mechanicville School District

- a) Brian McCreary resigned as Network Technician effective 6/22/23
- b) Kayla Jones resigned as Food Service Worker effective 8/3/23
- c) Joseph Stewart resigned as Cleaner effective 7/17/23
- d) Joshua Viall was appointed as Mechanic (NC) Provisional effective 7/5/23
- e) MaryLouise Kling was appointed as Temp. Typist (NC) effective 7/27/23-6/28/24
- f) Jessica Sivers was appointed as Cleaner (L) effective 8/4/23
- g) Daniel Giacumo was appointed as Network Tech. (Provisional) effective 7/31/23
- h) Kelly Simons was appointed as Microcomputer Tech. (Provisional) effective 8/22/23
- i) Casey Erickson resigned as Teacher Aide effective 6/23/23
- j) Katrina Miller was removed as Teacher Aide effective 6/23/23
- k) Deborah Stalker was removed as Bus Driver effective 6/23/23
- 1) Olivia Hernandez was removed as Teacher Aide effective 6/23/23
- m) Samantha Rivera was appointed as Cleaner (L) effective 8/4/23
- n) Mary Brior was appointed as Monitor (L) effective 9/5/23
- o) Traci Monroe was appointed as Network Technician (Provisional) effective 7/31/23
- p) Alexa Gwynn was appointed as Temp. Teacher Aide (NC) effective 9/5/23-6/26/24
- q) Andrea Praire was appointed as Temp. Teacher Aide (NC) effective 9/5/23-6/26/24

- r) Shannon Mackenzie was appointed as Temp. Teacher Aide (NC) effective 9/5/23-6/26/24
- s) Kayla Edwards was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- t) Samantha Niles was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- u) Priscilla Howland was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- v) Courtney Groves was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- w) Lindsay Jenkins was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- x) Jami King was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24
- y) Casey Hollenbeck was appointed as Temp. Teacher Aide (NC) effective 9/7/23-6/25/24

#### Mechanicville Library

- a) Hailey Halse resigned as Library Clerk effective 6/26/23
- b) Joseph Owens resigned as Cleaner effective 8/15/23
- c) Kayla Whispell and Ambria Jackson were appointed as Library Clerk (C) effective 8/4/23
- d) Salary Changes effective 7/1/23:

Heather Clements to \$18.00/hr.

Michelle Duell to \$90,000/yr.

Ambria Jackson to \$15.00/hr.

Stephanie Liotta to \$15.00/hr.

Carrie Shpunt-Motta to \$18.00/hr.

#### Mechanicville Housing Authority

- a) John Brue was appointed Part Time Seasonal Laborer (L) effective from 5/1/23 to 10/1/23
- 5.) **Old Business** Application for Examination or Employment on the City Website can now be filled out online
- 6.) New Business

Approve List of Eligibles for Occupancy Specialist

Approve List of Eligibles for Safety Liaison

Approve List of Eligibles for Senior Library Clerk

Exams for Clerk and Typist will be held September 23, 2023

Exams for Director of IT and Transportation Supervisor will be held December 2, 2023

Exam for Code Enforcement Officer will be held January 13, 2024

- 7.) Appearances
- 8.) **Next Meeting** October 4, 2023 at 6:00 pm
- 9.) Adjournment

	Report All Pe	ersonnel Changes On Th	is Form.		
From: City Mechar	County To		or District 🔲		
Department: Mechanicville Police Department					
Name And Title	e of Last Employee In Position:				
Name of Emplo	<sup>Dyee:</sup> Marie Abraham		Social Security Number		
Address:					
Title of Position	Full-Time Police Office	r	Salary: \$55,742.65		
Non-Veteran					
Appointments	Check Nature Of		ot Volunteer Firefighter		
Appointments		Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	Temporary	From To	State Length of Employment		
	Substitute	From To	Give Facts Under Remarks		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
`erminations	X Resignation	06/01/2023	Submit Signed Resignation		
	☐ Retirement		Give Effective Date		
	Deceased		Indicate Date		
	☐ Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other	☐ Military Leave of Absence		Give Facts Under Remarks		
Changes	Other Leave of Absence	From To	Give Facts Under Remarks		
[	☐ Transfer		Give Facts Under Remarks		
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	Suspension		Give Facts Under Remarks		
	☐ Reinstatement		Give Facts Under Remarks		
	☐ Change in Classification		Give Facts Under Remarks		
	☐ New Position		Submit Form		
Γ	Change in Salary		Indicate New Salary		
ſ	☐ Change in Name		Give Facts Under Remarks		
Γ	Other		Give Facts Under Remarks		
Remarks: MECHANICVILLE CIVIL					
ppointing Office	cer: Mayor Michael Butler		SERVICE COMMISSION		
itle: May			MECEIVED		
ddress: 3	36 North Main Street, Mecha	nicville, NY 12118	TE 6112123		
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This ce	rtifies that the above employment is i Subject to any lim	in accordance with Law and iitation or condition specified			
y:	A	1,,,,2,,,,	Date:		
Mich	Lach & Bush	$\omega$	6-9-2023		
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Effective June 1, 2023, I would like to resign from my full time Position as Police Officer at the Mechanicville Police Department.

I'm requesting to remain as part time status.

Sincerely,

Marie E. Abraham

	Report All P	ersonnel (	'hanaos On Tl	hia Farm	
From: City	Mechanicy Ile	own 🔲		Or District	
Department:	- The charicalle				
Bepartment.	Public Works				
Name And Titl	e of Last Employee In Position:	***************************************			
Name of Emplo	oyee: Marc De B	- to E		Social Security Number:	
Address:	THU CALL	MES			
Title of Position	1: MCA			T G-1-	
	11/20			Salary:	
Non-Veteran	Veteran ☐ Disat	oled Veteran	☐ Exem	pt Volunteer Firefighter	
Appointments	Check Nature Of	Eff	ective Date	Action Necessary By	
	Personnel Change			Appointing Officer	
	Permanent			Return Report of Certification	
	Provisional			Attach Application	
	Temporary	From	To	State Length of Employment	
	Substitute	From	To	Give Facts Under Remarks	
	For Term of Office	From	То	Give Facts Under Remarks	
	Permanent Promotion			Return Report of Certification	
	Provisional Promotion			Attach Nomination	
	Non-Competitive Class			Attach Application	
	Exempt Class			Submit This Form Only	
<b>.</b>	Labor Class			Attach Application	
Terminations	Resignation			Submit Signed Resignation	
	Retirement			Give Effective Date (0/7/	200
	Deceased			Indicate Date	anat.
	Removal			Attach Copy of Proceedings	
Other	Layoff (lack of work or funds)	<u> </u>		Give Facts Under Remarks	
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+	Suspension Reinstatement			Give Facts Under Remarks	
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F	☐ Change in Classification ☐ New Position			Give Facts Under Remarks	
ŀ				Submit Form	
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F	Other			Give Facts Under Remarks	
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Appointing Offic	er:			MECHANICVILLE CIVIL SERVICE COMMISSION	
itle:		-		SERVICE COMMISSION	
Address:				RECEIVED	
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to the	11/1/18			Date:	
U e	V(31. 1916)			1 6/12/22	

Report All Personnel Changes On This Form. City V County [ From: Town Village Or District Mechanicville Department: Mechanicville Police Department Name And Title of Last Employee In Position: Name of Employee: Heaven S Mauleon Social Security Number -Address: Title of Position: Police Officer Full Time Salary: \$51,329.80 Veteran Non-Veteran Disabled Veteran Exempt Volunteer Firefighter Appointments Check Nature Of **Effective Date** Action Necessary By Personnel Change **Appointing Officer** Permanent Return Report of Certification × Provisional 06/17/2023 Attach Application ☐ Temporary From To State Length of Employment ☐ Substitute From To Give Facts Under Remarks For Term of Office То From Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination ■ Non-Competitive Class Attach Application Exempt Class Submit This Form Only Labor Class Attach Application **Terminations** Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other ☐ Military Leave of Absence Give Facts Under Remarks Other Leave of Absence Changes From To Give Facts Under Remarks Transfer Give Facts Under Remarks ☐ Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks ☐ Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: MECHANICVILLE CIVIL Appointing Officer: Michael Butler Title: Mayor Address: 36 North Main Street, Mechanicville, NY 12118 Certificate valid until: 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. Date: 6-12-2023

Report All Personnel Changes On This Form.							
Mechani	From: City County Town Village Or District Mechanicville						
Department:	Mechanicville Police Departi	ment					
	of Last Employee In Position:						
Name of Employ	yee: Heaven S Mauleon		44.4	Social Security Number:			
Address	<del></del> ,,		^				
Title of Position	Title of Position: Police Officer Full Time  Salary:						
Non-Veteran 🗌	Veteran 🔳 Disabl	ed Veteran	Exemple Exe	ot Volunteer Firefighter 🗌			
Appointments	Check Nature Of	Effe	ective Date	Action Necessary By			
	Personnel Change			Appointing Officer			
	Permanent			Return Report of Certification			
	Provisional			Attach Application			
	Temporary	From	To	State Length of Employment			
	Substitute	From	То	Give Facts Under Remarks			
	For Term of Office	From	То	Give Facts Under Remarks			
	Permanent Promotion			Return Report of Certification			
	Provisional Promotion			Attach Nomination			
	Non-Competitive Class			Attach Application			
	Exempt Class			Submit This Form Only			
	Labor Class			Attach Application			
Terminations	× Resignation		06/29/2023	Submit Signed Resignation			
	Retirement			Give Effective Date			
	Deceased		.,	Indicate Date			
	Removal			Attach Copy of Proceedings			
	Layoff (lack of work or funds)			Give Facts Under Remarks			
Other	Military Leave of Absence	Euro	To	Give Facts Under Remarks Give Facts Under Remarks			
Changes	Other Leave of Absence	From	10	Give Facts Under Remarks			
	Demotion			Give Facts Under Remarks			
	Suspension			Give Facts Under Remarks			
	Reinstatement			Give Facts Under Remarks			
	Change in Classification			Give Facts Under Remarks			
	New Position			Submit Form			
	Change in Salary			Indicate New Salary			
	Change in Name			Give Facts Under Remarks			
	Other			Give Facts Under Remarks			
Remarks:		L					
				S. B. Grand and J. S. A.			
Appointing Officer: Michael Butler  MECHANICVILLE CIVIL SERVICE COMMISSION							
	yor			RECEIVED			
Address: 36 North Main Street, Mechanicville, NY 12118							
Certificate valid until:  Date: R. Lindenson							
This co	ertifies that the above employment is Subject to any lin	in accordan iitation or c	ice with Law and ondition specific	d Rules made in pursuance to Law.			
Ву .	0 0 0	0 ~	·	Date:			
Mickael 1 Sucles 1-12-2023							



### **ZONE FIVE**

Regional Law Enforcement Training Academy
The Senator Hugh T. Farley Center



121 Erie Boulevard Schenectady, New York 12305 (518) 393-2707 FAX (518) 382-8732

I, Heaven Mauleon, hereby resign from my position as a recruit at the Zone Five Law Enforcement Training Academy effective 6/29/2023.

Respectfully Submitted,

Heaven Mauleon

6/29/2023

Report All Personnel Changes On This Form. County 🔲 From: City W Town Village Or District Mechanicville Department: Mechanicville Police Department Name And Title of Last Employee In Position: Name of Employee: Nathan N McLaughlin Social Security Number: Addrass Title of Position: Police Officer Part Time Salary: \$25.00 Veteran Non-Veteran Disabled Veteran Exempt Volunteer Firefighter Appointments Check Nature Of **Effective Date** Action Necessary By Personnel Change **Appointing Officer** Permanent Return Report of Certification Provisional Attach Application ☐ Temporary From State Length of Employment To ☐ Substitute From То Give Facts Under Remarks For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination × Non-Competitive Class 06/15/2023 Attach Application Exempt Class Submit This Form Only ☐ Labor Class Attach Application Terminations Resignation Submit Signed Resignation Give Effective Date Retirement Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Military Leave of Absence Give Facts Under Remarks Other Give Facts Under Remarks Other Leave of Absence To Changes From Transfer Give Facts Under Remarks Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Change in Classification Give Facts Under Remarks New Position Submit Form Indicate New Salary Change in Salary Give Facts Under Remarks Change in Name Other Give Facts Under Remarks Remarks: MECHANICVILLE CIVIL Appointing Officer: Michael Butler Title: Mayor Address: 36 North Main Street, Mechanicville, NY 12118 Certificate valid until: 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. Date:

6-12-2023

Report All Personnel Changes On This Form.						
From: City County Town Village Or District Mechanicville						
Department: Mechanicville Police Department						
Name And Title	of Last Employee In Position : John	n Pugliese				
Name of Emplo	Name of Employee: Jason McClements  Social Security Number:					
Address:	141 12-110					
Title of Position: Police Officer Full Time)  Salary: \$56,735.40						
Non-Veteran 💻		ed Veteran 🗌 E	xempt Volunteer Firefighter			
Appointments	Check Nature Of	Effective Da	te Action Necessary By			
	Personnel Change		Appointing Officer			
	× Permanent	06/14/2023	Return Report of Certification			
	Provisional		Attach Application			
	Temporary	From To	State Length of Employment			
	Substitute	From To	Give Facts Under Remarks			
	For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion		Attach Nomination			
	☐ Non-Competitive Class		Attach Application			
	Exempt Class		Submit This Form Only			
	Labor Class		Attach Application			
Terminations	Resignation		Submit Signed Resignation			
10	Retirement		Give Effective Date			
	Deceased		Indicate Date			
	Removal		Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other	Military Leave of Absence		Give Facts Under Remarks			
Changes	Other Leave of Absence	From To	Give Facts Under Remarks			
Changes	Transfer	71011	Give Facts Under Remarks			
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ŀ	Suspension		Give Facts Under Remarks			
Ì	Reinstatement		Give Facts Under Remarks			
ļ	Change in Classification		Give Facts Under Remarks			
f	New Position		Submit Form			
ļ	Change in Salary		Indicate New Salary			
ľ	Change in Name		Give Facts Under Remarks			
ļ	Other		Give Facts Under Remarks			
Remarks:						
•		•	( 4 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
Appointing Office	cer: Mayor Mike Butler		MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: May			RECEIVED			
	36 North Main Street, Mecha	nicville, NY 1211	The second secon			
Certificate valid			Date: L. Tindemann			
This ce		n accordance with Lav itation or condition spe	w and Rules made in pursuance to Law.			
By:			Date:			
Michael A. Buxles L-15-2023						

LE CO	Report All P	ersonnel Changes On Th			
From: City  County  Town  Village Or District  Mechanicville					
Department: Mechanicville Police Department					
	e of Last Employee In Position:				
Name of Emplo	<sup>yee:</sup> John Pugliese		Social Security Number		
Addre					
Title of Position: Police Officer Full-Time Competitive  Salary:					
Non-Veteran			ot Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change	Breetive Bate	, , , , , , , , , , , , , , , , , , ,		
	Permanent	<u> </u>	Appointing Officer		
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	Substitute	From To	State Length of Employment		
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	Provisional Promotion		Attach Nomination		
	Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	☐ Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	× Retirement	03/23/2023	Give Effective Date		
Ì	Deceased	77,20,202	Indicate Date		
ľ	Removal		Attach Copy of Proceedings		
Ī	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other	Military Leave of Absence		Give Facts Under Remarks		
Changes	Other Leave of Absence	From To	Give Facts Under Remarks		
Ī	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
Ī	Suspension		Give Facts Under Remarks		
Γ	Reinstatement		Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary		Indicate New Salary		
	☐ Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks:			MECHANICVILLE CIVIL SERVICE COMMISSION		
	er: Mayor Michael Butler		RECEIVED		
ritle: May	or or		* * FOLIALD		
Address: 3	6 North Main Street, Mecha	nicville, NY 12118	UNTE 6 12 23		
Certificate valid	until:		Date:		
This cer	tifies that the above employment is Subject to any lim	in accordance with Law and nitation or condition specified			
By:	1 \		Date:		
Michael A. Seveles 6-9-2023					

Report All Personnel Changes On This Form. City W Village Or District Town From: Mechanicville Department: Mechanicville Police Department Name And Title of Last Employee In Position: Name of Employee: Vincenzo M Traina Social Security Number: --- -Address -Title of Position: Police Officer Full Time Salary: \$51,329.80 Veteran 🔳 Non-Veteran Disabled Veteran Exempt Volunteer Firefighter Appointments **Check Nature Of Effective Date** Action Necessary By Personnel Change Appointing Officer × Permanent Return Report of Certification 06/17/2023 Provisional Attach Application ☐ Temporary State Length of Employment From То ☐ Substitute Give Facts Under Remarks From То For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination ■ Non-Competitive Class Attach Application Submit This Form Only Exempt Class Labor Class Attach Application Submit Signed Resignation Terminations Resignation Retirement Give Effective Date ☐ Deceased Indicate Date Removal R Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Give Facts Under Remarks Other ☐ Military Leave of Absence Other Leave of Absence Give Facts Under Remarks From To Changes Transfer Give Facts Under Remarks Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification New Position Submit Form Indicate New Salary Change in Salary ☐ Change in Name Give Facts Under Remarks Give Facts Under Remarks Other Remarks: MECHANICVILLE CIVIL Appointing Officer: Michael Butler SERVICE COMMISSION Title: Mayor Address: 36 North Main Street, Mechanicville, NY 12118 HATE Certificate valid until: 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. Date: P-12-7093

	Report All Pe	rsonnel Changes On Th	nis Form
From: City	County To	own Village (	Or District
Department:			
Department:	Mechanicalle DPW		
Name And Title	of Last Employee In Position :		
Name of Emplo	yee: Travis Lange		Social Security Number:
	crovis hange	1500	Social Security (Validoer.
Address:			
Title of Position			
Title of Position	habur		Salary: 21.88/h
Non-Veteran 🔲		led Veteran  Exem	21.88110
Appointments	Check Nature Of	Effective Date	pt Volunteer Firefighter
,	Personnel Change	Effective Date	Action Necessary By
	Permanent		Appointing Officer
	Provisional		Return Report of Certification
	Temporary	From To	Attach Application
	Substitute	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks Give Facts Under Remarks
[	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
Cerminations	Labor Class	7 13 23	Attach Application
terminations	Resignation Retirement		Submit Signed Resignation
ŀ	Deceased		Give Effective Date
ł	Removal		Indicate Date
ľ	Layoff (lack of work or funds)		Attach Copy of Proceedings
Other	Military Leave of Absence		Give Facts Under Remarks
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	Report All P	ersonnel Changes On This	Form.
From: City	County 7	own Village Or	
D	Mechanicville		· ·
Department:	Public Safety		
Name And Titl	e of Last Employee In Position:		
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Name of Empl	oyee: V	THE TOTAL RE	C. SOMON Social Security Number:
•	Trun tree		social Security Number:
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	J : U F . YC	1 PU WILLY -	
Title of Position	Recreation Supervisor		Salary:
Non-Veteran	rectation Supervisor		- I THR
Appointments	J VCICIAII [ ] DISAL		Volunteer Firefighter 🔲
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	M Temporary	From 7 17 23 To B 19/23	State Length of Employment
	Substitute	From To	Give Facts Under Remarks
	For Term of Office Permanent Promotion	From To	Give Facts Under Remarks
	Provisional Promotion		Return Report of Certification
	Non-Competitive Class		Attach Nomination
	Exempt Class		Attach Application
	☐ Labor Class		Submit This Form Only
rerminations .	Resignation		Attach Application
	Retirement		Submit Signed Resignation Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other	Military Leave of Absence		Give Facts Under Remarks
Changes	Other Leave of Absence	From To	Give Facts Under Remarks
[	☐ Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
1	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
1	Change in Classification		Give Facts Under Remarks
1	New Position		Submit Form
}-	Change in Salary		Indicate New Salary
ļ	Change in Name		Give Facts Under Remarks
emarks:	Other		Give Facts Under Remarks
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ppointing Offic	er: Frederick Hopke		MECHANICVILLE CIVIL
tle: Com		<u> </u>	SERVICE COMMISSION
CON	m. Of Public Safe	ty.	RECEIVED
ddress: 3	6 North Main Street, Mechai	nicville. NY 12118	W REAL VIEW
ertificate valid			7/14/23
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This cer	tifies that the above employment is in		
/:·	Suoject to any timi	tation or condition specified ab	
f.			Date: 1(14(23

From: City	County To	ersonnel Changes On Th		
Troini. City	County [ ]	own U Village (	Or District	
Department:	Mechanicuille DP	u 1		
Name And Title	0.7			
	M	ark Debates		
Name of Emplo			Cocial Comit N	
	Huehn, Kevin	_	Social Security Number:	
Address:				
Title of Position	. 11		Salary #24.01	
	MEO		24.01	
Non-Veteran	Veteran Disab	oled Veteran 🔲 🛮 Exem	pt Volunteer Firefighter 🔲	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	Substitute	From To	Give Facts Under Remarks	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	Non-Competitive Class	8/15/23	Attach Application	
	Exempt Class	/ /	Submit This Form Only	
	Labor Class		Attach Application	
Terminations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
Other	Layoff (lack of work or funds)		Give Facts Under Remarks	
	Military Leave of Absence		Give Facts Under Remarks	
Changes	☐ Other Leave of Absence☐ Transfer	From To	Give Facts Under Remarks	
	Demotion		Give Facts Under Remarks	
}	Suspension		Give Facts Under Remarks	
ŀ	Reinstatement		Give Facts Under Remarks	
ì	Change in Classification		Give Facts Under Remarks	
	☐ New Position		Give Facts Under Remarks	
ŀ	Change in Salary		Submit Form	
•	☐ Change in Name		Indicate New Salary	
	Other		Give Facts Under Remarks Give Facts Under Remarks	
Remarks:			Give Facts Order Remarks	
	_			
Amaintin - Offi			MECHANICVILLE CIVIL	
Appointing Officer:   SERVICE COMMISSION				
Title: Com-				
Address:			MECEIVED	
		43	ATE 8 18 23	
Certificate valid			Date:	
This ce	ertifies that the above employment is Subject to any lin	in accordance with Law an nitation or condition specific	d Rules made in pursuance to Law. ed above.	
By:	11600 610		Date: / /	
4	tite & Ctio		8/13/23	
1/0	L. Stan Voll		1 81/71/45	

F	Keport All Pe	ersonnel Changes On This I			
From: City		own Village Or I	District		
Department: C O 1					
Name And Title	of I ast Employee In Position				
Traine And This	of Last Employee In Position: Pa	+ Bruno, Anir	nAl Control Officer		
Name of Emplo	yee: LYNN Mean	S	ocial Security Number		
Address:					
		* * · · · · · · · · · · · · · · · · · ·			
Title of Position	: Animal Control office	<i>C</i> J	Salary:		
Non-Veteran		led Veteran Exempt V	30/H/2 olunteer Firefighter □		
Appointments	Check Nature Of	Effective Date			
	Personnel Change	Blicelive Date	Action Necessary By		
	Permanent	<u> </u>	Appointing Officer		
	Provisional		Return Report of Certification		
	Temporary		Attach Application		
	Substitute	From To	State Length of Employment		
	☐ For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion	From To	Give Facts Under Remarks		
	Provisional Promotion		Return Report of Certification		
	Non-Competitive Class	7/2/10-	Attach Nomination		
	Exempt Class	8/24/23	Attach Application		
	Labor Class		Submit This Form Only		
Terminations	Resignation		Attach Application		
	Retirement		Submit Signed Resignation		
ŀ	Deceased		Give Effective Date		
ŀ	Removal		Indicate Date		
ľ	Layoff (lack of work or funds)		Attach Copy of Proceedings		
Other	Military Leave of Absence		Give Facts Under Remarks		
Changes	Other Leave of Absence	From To	Give Facts Under Remarks		
<b>_</b>	☐ Transfer	1011	Give Facts Under Remarks Give Facts Under Remarks		
}	Demotion		Give Facts Under Remarks		
·  -	Suspension		Give Facts Under Remarks		
T	Reinstatement		Give Facts Under Remarks		
-	Change in Classification		Give Facts Under Remarks		
<u> </u>	New Position		Submit Form		
r	Change in Salary		Indicate New Salary		
1	Change in Name		Give Facts Under Remarks		
ļ <del>-</del>	Other		Give Facts Under Remarks		
Remarks:			Give Facts Under Remarks		
	·	•			
Appointing Offic	er: 4 1 Hali				
Title:	- Indental				
Address.	6 North Main Street Machan	visille NV 40440			
36 North Main Street, Mechanicville, NY 12118					
Certificate valid			Date: 8/15/23		
1 IIIS CET	tifies that the above employment is in Subject to any limi	r accordance with Law and Rul tation or condition specified abo			
Зу:			Date:		

MECHANICVILLE CIVIL R. Lindenen

DATE 8 15/2-3

E	П						
	County	Town 🗌	Village Or D	Pistrict 🔽			
Department:							
	ast Employee In Position :						
Name of Employee: Brian McCreary Social Security Number:							
Address	10NOL OHOOL OO ,						
Title of Position: Network Technician Salary:							
Non-Veteran 🗸	Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐						
Appointments	Check Nature Of	Effective D					
* *	Personnel Change	Effective	ļ -	ction Necessary By			
				Appointing Officer			
	Permanent			Report of Certification			
	Provisional			Application			
	Temporary	From To	State Le	ngth of Employment			
	For Term of Office	From To		cts Under Remarks			
	Permanent Promotion			Report of Certification			
	Provisional Promotion		Attach N	Vomination			
	Non-Competitive Class			Application			
	Exempt Class			This Form Only			
T	Labor Class	0/00/00		pplication			
Terminations	X Resignation	6/22/23		Signed Resignation			
	Retirement			ective Date			
	Deceased		Indicate				
	Removal			copy of Proceedings			
A.1 A1	Layoff (lack of work or funds)			ets Under Remarks			
Other Changes	Military Leave of Absence			ets Under Remarks			
	Other Leave of Absence	From To		ets Under Remarks			
	Transfer			ts Under Remarks			
	Demotion			ts Under Remarks			
	Suspension			ts Under Remarks			
	Reinstatement			ts Under Remarks			
	Change in Classification			ts Under Remarks			
	New Position		Submit F				
	Change in Salary			New Salary			
	Change in Name		Give Fac	ts Under Remarks			
<u> </u>	Other		Give Fac	ts Under Remarks			
Remarks:							
Appointing Officer: J	odi A Pirob		MECHANI	CVILLE CIVIL			
			SERVICE	COMMISSION			
<sup>ritle:</sup> Business Man			DEA	EII/ED			
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	TIEC	(27)02			
Certificate valid until:							
This certifi	ies that the above employment is in a Subject to any limita			pursuance to Lang.			
By: ( ) (	P. Birch.	от полимот врес	y 110076.	Date:			
Gall Clourer 6/6/23							



Bornt, Beth <br/>
<br/>
bbornt@mechanicville.org>

#### Fwd: Resignation - Bryan McCreary

1 message

O'Brien, Catherine <cobrien@mechanicville.org>

Mon, Jun 5, 2023 at 12:01 PM

To: "Bornt, Beth" <bbornt@mechanicville.org>, James DeVito <jdevito@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>, Sydney Leonard <sleonard@mechanicville.org>

----- Forwarded message -----

From: Kolakowski, Kevin < kkolakowski@mechanicville.org>

Date: Mon, Jun 5, 2023 at 11:18 AM

Subject: Fwd: Resignation - Bryan McCreary

To: Catherine O'Brien <cobrien@mechanicville.org>

----- Forwarded message -----

From: McCreary, Bryan <br/>
<br/>
bmccreary@mechanicville.org>

Date: Mon, Jun 5, 2023 at 9:26 AM Subject: Resignation - Bryan McCreary

To: Brian Gidley <bgidley@mechanicville.org>, Kevin Kolakowski <kkolakowski@mechanicville.org>

6/5/23

Dear Brian Gidley and Kevin Kolakowski.

This letter is to inform you that I am resigning from my position as Network Technician at Mechanicville City School District effective end of business day June 22<sup>nd</sup>, 2023

I want to thank the district for all the opportunities and growth professionally it has afforded me in my time here. My last working day will be June 22, 2023.

If there is anything you would like me to do to facilitate a smooth transition during this time, please let me know.

Best regards,

**Bryan McCreary** 

**Bryan McCreary** Network Technician



MECHANICVILLE CITY SCHOOL DISTRICT

Mechanicville City School District

25 Kniskern Ave, Mechanicville, NY 12118

HelpDesk: 518-652-2288 or Ext 7008 Email: bmccreary@mechanicville.org Website: https://www.mechanicville.org

The content of this email is confidential and intended for the recipient specified in the message only. It is strictly forbidden

From: City	County	Town 🗌		Village Or District ☑		
Department:						
Name And Title of La	st Employee In Position :	<u> </u>				
Name of Employee:	Name of Employee: Kayla Jones Social Security Number:					
Address:						
Title of Position:	ood Service Worker			Salary: \$14.70/hr		
Non-Veteran	Veteran Disabled V	/eteran	Exen	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effect	ive Date	Action Necessary By		
	Personnel Change	Bilect	ive Date			
				Appointing Officer		
	Permanent Permanent			Return Report of Certification		
	Provisional			Attach Application		
	☐ Temporary	From	То	State Length of Employment		
	For Term of Office	From	То	Give Facts Under Remarks		
	Permanent Promotion			Return Report of Certification		
	Provisional Promotion			Attach Nomination		
	☐ Non-Competitive Class			Attach Application		
	Exempt Class			Submit This Form Only		
	Labor Class			Attach Application		
Terminations	x Resignation	8/3/23		Submit Signed Resignation		
	Retirement			Give Effective Date		
	Deceased			Indicate Date		
	Removal			Attach Copy of Proceedings		
	Layoff (lack of work or funds)			Give Facts Under Remarks		
Other Changes	☐ Military Leave of Absence			Give Facts Under Remarks		
	Other Leave of Absence	From	То	Give Facts Under Remarks		
	☐ Transfer			Give Facts Under Remarks		
	☐ Demotion			Give Facts Under Remarks		
	☐ Suspension			Give Facts Under Remarks		
	☐ Reinstatement			Give Facts Under Remarks		
ļ	Change in Classification			Give Facts Under Remarks		
	☐ New Position			Submit Form		
	☐ Change in Salary			Indicate New Salary		
Ì	Change in Name			Give Facts Under Remarks		
	Other			Give Facts Under Remarks		
Remarks:						
Appointing Officer: J	odi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Man	ager					
Address: 25 Knisker		′ 12118		HEGEIVED		
	Certificate valid until:					
This certif	ies that the above employment is in a Subject to any limita	accordance with	h Law and R	ules made in pursuance to Law.		
By: - (2) () (	R. h. a. a	- Portale	op - org tom	Date: / 3/202 3		



#### Bornt, Beth <br/> <br/>bornt@mechanicville.org>

#### Fwd: 2023/2024 school year

1 message

Birch, Jodi <jbirch@mechanicville.org>

Thu, Aug 3, 2023 at 1:34 PM
To: Catherine O'Brien <cobrien@mechanicville.org>, Beth Bornt <bbornt@mechanicville.org>, James DeVito
<jdevito@mechanicville.org>

Kayla Jones is resigning, let's use today as her term date.

From: Deborah Mackey <dmackey@mechanicville.org>

Date: August 3, 2023 at 12:37:44 PM EDT To: "Jones, Kayla" <kjones@mechanicville.org>

Subject: Re: 2023/2024 school year

Thank you Stop in a visit us!!!

Sent from my iPhone

On Aug 3, 2023, at 12:33 PM, Jones, Kayla <kjones@mechanicville.org> wrote:

Deb,

Due to extenuating circumstances, I will not be returning to work for the upcoming school year.

- Kayla

Jodi A. Birch School Business Manager



(518) 664-5727 ext. 1100

From: City	County	т П	Will O Divis Ed	
Department:		Town	Village Or District 🛮	
Department:				
Name And Title of La	st Employee In Position :			
Name of Employee:	Joesph Stewart	·	Social Security Number	
Address:				
Title of Position: Clear	ner		Salary:	
Non-Veteran 🛛	Veteran Disabled V	eteran Exe	empt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date		
	Personnel Change		Appointing Officer	
	Permanent			
	Provisional		Return Report of Certification	
			Attach Application	
	Temporary	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
m 1 (1	Labor Class		Attach Application	
Terminations	Resignation	7/17/23	Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
<u>_</u>	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
	New Position		Submit Form	
<u>_</u>	☐ Change in Salary		Indicate New Salary	
	☐ Change in Name		Give Facts Under Remarks	
	Other		Give Facts Under Remarks	
Remarks:				
			A 4700 CA 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	
Appointing Officer: Jo	odi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Mana			DECEMEN	
Address: OF Maidress Ave. Machania III. ADV 40440				
25 Kniskern Ave. Wechanicville, NY 12118 \$18123  Certificate valid until: Date: 7				
This certifi	ies that the above employment is in a			
	Subject to any limita	tion or condition specified		
By: Kill	aRusch		Date: 120/2 3	



Bornt, Beth <br/>
<br/>
bbornt@mechanicville.org>

#### **Fwd: Resignation**

1 message

O'Brien, Catherine <cobrien@mechanicville.org>

Mon, Jul 17, 2023 at 12:23 PM

To: James DeVito <jdevito@mechanicville.org>, "Bornt, Beth" <br/>bornt@mechanicville.org>, Jodi Birch <jbr/>jbirch@mechanicville.org>, Joseph Manzer <jmanzer@mechanicville.org>

FYI- I just received this email

----- Forwarded message -----

From: Joseph Stewart < jjstewart6060@gmail.com>

Date: Mon, Jul 17, 2023 at 12:16 PM

Subject: Resignation

To: <cobrien@mechanicville.org>

I am writing you to inform you that I have to step down from my 4hour position as of 7/17/23 thank you for the chance to work with you again

Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk
(518) 664-5727 ext. 1103

From:	City 🔲	County [	Town 🔲		Village Or District ☑
Department:					
Name And Title	of Last Em	ployee In Position :			
Name of Employ	ree.				
	Joshu	a Viall			Social Security Number:
Address <sup>,</sup>					
Title of Position:	Mechanic				Salary: \$23.50/hr
Non-Veteran 🛛		Veteran Disabled	Veteran	Exe	mpt Volunteer Firefighter
Appointments		Check Nature Of		ctive Date	
		Personnel Change		cuve Date	Action Necessary By Appointing Officer
		ermanent		****	Return Report of Certification
	<del></del>	rovisional	7/5/2	<u> </u>	Attach Application
		emporary	From	To	State Length of Employment
		or Term of Office	From	То	Give Facts Under Remarks
		ermanent Promotion			Return Report of Certification
		rovisional Promotion			Attach Nomination
		on-Competitive Class			Attach Application
		xempt Class			Submit This Form Only
		abor Class		***	Attach Application
Terminations	☐ R	esignation			Submit Signed Resignation
		etirement		***************************************	Give Effective Date
		eceased			Indicate Date
	R	emoval			Attach Copy of Proceedings
		ayoff (lack of work or funds)	<u> </u>	**	Give Facts Under Remarks
Other Changes		ilitary Leave of Absence			Give Facts Under Remarks
		ther Leave of Absence	From	То	Give Facts Under Remarks
	Tı	ansfer			Give Facts Under Remarks
	_ D	emotion			Give Facts Under Remarks
	Sı	spension			Give Facts Under Remarks
	Re	einstatement			Give Facts Under Remarks
	CI	nange in Classification			Give Facts Under Remarks
	□ No	ew Position			Submit Form
	CI	lange in Salary			Indicate New Salary
	CI	ange in Name			Give Facts Under Remarks
	Ot	her			Give Facts Under Remarks
Remarks:					
Appointing Office		Birch			ERVICE COMMISSION
<sup>`itle:</sup> Business M				p	
<sup>lddress:</sup> 25 Knisł		e. Mechanicville, NY	/ 12118		7/14/2 3 R-Lindeman
Certificate valid ur	ntil:	, , , , , , , , , , , , , , , , , , , ,		- ATE	Date:
This ce	ertifies that				ules made in pursuance to Law.
y:	) R.	Subject to any limita	mon or conditi	on specified a	Date: 7/10/27
CANCEL C	C/L				1 7/10/27

From: City	☐ County ☐	Town 🗌	Village Or District		
Department:					
Name And Title of La	ast Employee In Position:				
Name of Employee:	MaryLouise Kling		Social Security Number: xxx-xx-2393		
Address: 2	28 Lee Street Mechanicville, NY 12118	· · · · · · · · · · · · · · · · · · ·			
Title of Position:	Typist		Salary: \$16.36/hr		
Non-Veteran 🛮	Veteran Disabled V	/eteran	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date			
	Personnel Change	Effective Date	Action Necessary By		
			Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	x Temporary	From 7/27/23 To 6/28/24	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
	Other Leave of Absence	From To	Give Facts Under Remarks		
	☐ Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
ł	Reinstatement		Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position				
	Change in Salary		Submit Form		
	Change in Name		Indicate New Salary		
	Other		Give Facts Under Remarks		
 Remarks:	Other		Give Facts Under Remarks		
		MI SE	ECHANICVILLE CIVIL ERVICE COMMISSION		
Appointing Officer: J			ECEIVED		
<sup>Title:</sup> Business Mana	ager				
<sup>Address:</sup> 25 Knisker	n Ave. Mechanicville, NY	12118 DATE_	7 8 8 2-3		
Certificate valid until:		, ,	Date:		
This certifi	ies that the above employment is in a Subject to any limita	accordance with Law and Ri tion or condition specified a			
Ву:	2) P	non or community specified a	Date:		
( Lalel Berek 7/25/23					

### Report All Personnel Changes On This Form.

From: City	County	Town 🗌		Village Or D	Pistrict 🔽
Department:		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
Name And Title of La	st Employee In Position:				•
Name of Employee:	Jessica Sivers			Social Secur	ity Number
Address:	\$4.1				
Title of Position:	Cleaner				Salary: \$17.49
Non-Veteran 🗸	Veteran Disabled V	/eteran 🗍	Exen	npt Volunteer	
Appointments	Check Nature Of		tive Date		Action Necessary By
• •	Personnel Change	Birce	dire Date		Appointing Officer
	Permanent	ļ			Report of Certification
	Provisional	<del> </del>			Application
	☐ Temporary	From	To		ength of Employment
	For Term of Office	From	To		cts Under Remarks
	Permanent Promotion	TIOII	10		Report of Certification
	Provisional Promotion	<u> </u>	wewww.weg.		Nomination
	☐ Non-Competitive Class				Application
	Exempt Class	-	<del></del>		This Form Only
	A Labor Class	8/4/23	·		Application
Terminations	Resignation				Signed Resignation
2	Retirement				fective Date
	Deceased			Indicate	
	Removal	······································			Copy of Proceedings
	Layoff (lack of work or funds)				cts Under Remarks
Other Changes	Military Leave of Absence				cts Under Remarks
	Other Leave of Absence	From	То		cts Under Remarks
Ì	Transfer				cts Under Remarks
	Demotion				cts Under Remarks
	Suspension			Give Fac	cts Under Remarks
Ì	Reinstatement			Give Fac	cts Under Remarks
	Change in Classification			Give Fa	cts Under Remarks
	New Position			Submit 1	Form
	Change in Salary			Indicate	New Salary
	Change in Name			Give Fa	cts Under Remarks
	Other			Give Fa	cts Under Remarks
Remarks:					
Appointing Officer: J	odi A. Birch				
Title: Business Mana	ager	***************************************			
Address: 25 Knisker		′ 12118			The state of the s
Certificate valid until:					Date:
This certif	ies that the above employment is in				pursuance to Law.
By: 0 0 (	Subject to any limita	uion or condit	ion specified i	иооче.	Date: 8/11/22
- CACKE	in such			ARCHANIA	0/4/0.5

MECHANICVILLE CIVIL SERVICE COMMISSION R-Lineman PECEIVED

DATE \$ |8|23

From: City	County	Town 🗌	Village Or District   ✓
Department:	<u> </u>		
<b>-</b>			
Name And Title of La	st Employee In Position :		
Name of Employee:	Daniel Giacum	0	Sc 'al Security Number
Address:	_	,	
Title of Position:	Network Technic	100	Salary: \$ 32.05 /h~
Non-Veteran 🗸	Veteran Disabled V	eteran Exem	pt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change	Encetive Bate	Appointing Officer
	Permanent		Return Report of Certification
	X Provisional	7/31/23	Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
1	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	☐ Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	☐ Reinstatement		Give Facts Under Remarks
	☐ Change in Classification		Give Facts Under Remarks
Ī	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:		h Al	COLLANDOW LE OUT
	**************************************		ECHANICVILLE CIVIL
Appointing Officer: J	odi A. Birch	)	RVICE COMMISSION
Title: Business Man			RECEIVED
<sup>Address:</sup> 25 Knisker	n Ave. Mechanicville, NY	12118 OATE _	7/14/23
Certificate valid until:	modiamovino, itt		Date: R-Lindeman
This certif	ies that the above employment is in		ules made in pursuance to Law,
	Subject to any limita	tion or condition specified a	
By:	Burel		Date: 7/14/23

From: City	y County C	Town 🔲	Village Or District 🗸
Department:			
Name And Title of I	Last Employee In Position:		
Name of Employee:	Kelly Simons		Social Security Number:
Address:	700 Sail 10/10		
Title of Position:	Microcomputer Technician		Salary: \$20.72
Non-Veteran 🗸	Veteran Disabled V	/eteran ☐ Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
••	Personnel Change	Bilective Date	
			Appointing Officer
	Permanent		Return Report of Certification
	✓ Provisional	8/22/23	Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	☐ Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	☐ Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	☐ Change in Salary		Indicate New Salary
	☐ Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			GIVE T 2015 GIRDER RESINAIRS
Appointing Officer:			MECHANICVILLE CIVIL SERVICE COMMISSION
Title: Business Mar	nager		Division Research States at the States States
Address: 25 Kniske	ern Ave. Mechanicville, NY	′ 12118	HECEIVED
Certificate valid unti	U:	(,),2	175 X 45.12-3
This cert	ifies that the above employment is in a	accordance with Law and I tion or condition specified	
By:	Buse i	uon or condition specifica	Date: 8 1 5 1 2 3
JUCKLIC			0/8/0

From:	City County County	Town 🔲	Village Or District
Department:			
Name And Title	of Last Employee In Position:		
	or East Employee in 1 osition .		
Name of Employ	/ee:	**************************************	Social Security Number:
A J.J	Casey Erickson		
Address:			
Title of Position:			Salary:
Non-Veteran 🗸	Veteran ☑ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐		
Appointments	Check Nature Of	Effectiv	
	Personnel Change	~~~~	Appointing Officer
	Permanent		Return Report of Certification
	Provisional		
	Temporary	From T	Attach Application  State Length of Employment
	For Term of Office		o Give Facts Under Remarks
	Permanent Promotion	110111 1	Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	X Resignation	6/23/23	Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or fu	inds)	Give Facts Under Remarks
Other Changes	Military Leave of Absenc		Give Facts Under Remarks
	Other Leave of Absence	From To	The state of the s
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			
			•
Appointing Office	r: Jodi A. Birch		MECHANICVILLE CIVIL
			SERVICE COMMISSION
<sup>Title:</sup> Business N			
Address: 25 Knis	kern Ave. Mechanicville	NY 12118	MECEIVED
Certificate valid u		7) 141 12 110	DATE THUEST
This c	ertifies that the above employment	is in accordance with L	aw and Rules made in pursuance to Law.
$\triangle$		limitation or condition :	
By: Kach	C: 0		Date: 7/18/23
- Juck	. U YULLE		



Bornt, Beth <br/>
<br/>bbornt@mechanicville.org>

### Fwd: Resignation Letter

1 message

O'Brien, Catherine <cobrien@mechanicville.org>

Fri, Jul 7, 2023 at 1:05 PM

To: Jodi Birch <jbirch@mechanicville.org>, James DeVito <jdevito@mechanicville.org>, "Bornt, Beth" <hborrot@mechanicville.org>

<bbornt@mechanicville.org>

------ Forwarded message ------

From: Pisculli, Josephine < jpisculli@mechanicville.org>

Date: Fri, Jul 7, 2023 at 1:03 PM Subject: Fwd: Resignation Letter

To: O'Brien, Catherine <cobrien@mechanicville.org>, Don Dieckmann <ddieckmann@mechanicville.org>

----- Forwarded message -----

From: Erickson, Casey < cerickson@mechanicville.org>

To whom it may concern,

I will be resigning from the AIDE position June 23 2023. I plan and hope to return for the 2024 school year, but schedule is still undetermined at this time.

Thank you!

Casey Erickson

Cathy O'Brien
Executive Assistant to the Superintendent
District Clerk

(518) 664-5727 ext. 1103



	Town D		Village Or District
Department:			
Name And Title of	Last Employee In Position :		
Name of Employee:	Katrina Miller		Social Security Number
Address			
Title of Position: T	eacher Aide		Salary:
Non-Veteran	Veteran Disabled	Veteran T Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
• •	Personnel Change	Effective Date	Action Necessary By
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	☐ Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	X Removal	6/23/23	Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
- · · · · · · · · · · · · · · · · · · ·	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer	1 1 1 1 1 1	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		
	New Position		Give Facts Under Remarks
			Submit Form
	Change in Salary		Indicate New Salary
	☐ Change in Name ☐ Other		Give Facts Under Remarks
n			Give Facts Under Remarks
Remarks:	·		
Appointing Officer:	Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION
<sup>Title:</sup> Business Ma	nager		Property of the Park Park Inc.
Address: 25 Kniske		12110	HEGEIVED
Certificate valid unti	i.	12110	1/14/23
			Date: K-Tindemann
This cert	ifies that the above employment is in a Subject to any limita	accordance with Law and R tion or condition specified	tutes made in pursuance to Lapp,
By:	aBurch		Date: /8/2 2

From: Ci	ty 🗌 County 🔲	Town 🔲	Village Or District 🗸
Department:			
	Last Employee In Position :		
Name of Employee	Deborah Stalker	7	Social Security Number
Address:	• moonanoviiio, ivi 12	1	
Title of Position:	sus Driver		Salary:
Non-Veteran	Veteran Disabled \	/eteran T	Exempt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
••	Personnel Change	Effective Da	120000 Treeessary By
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	X Removal	6/23/23	Attach Copy of Proceedings N/17
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	☐ Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			
Appointing Officer:			MECHANICVILLE CIVIL SERVICE COMMISSION
<sup>ritle:</sup> Business Ma	nager		OETAIOE COMMISSION
Address: 25 Kniske		12118	RECEIVED
Certificate valid unti	l:		1 ph/23 p
This cert	ifies that the above employment is in a Subject to any limita	ccordance with Law an tion or condition specifi	
By: Scrly	ARIX - 1	.o. or common specific	Date: 6/26/22

From:	City County C	Town 🗌	Village Or District ☑				
Department:							
İ	of Last Employee In Position :						
Name of Employ	Name of Employee: Olivia Hernandez Social Security Number:						
Address							
Title of Position:	Teacher Aide		Salary:				
Non-Veteran 🛮	on-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter						
Appointments	Check Nature Of	Effective Date					
	Personnel Change	Effective Date	Action Necessary By Appointing Officer				
4	Permanent		Return Report of Certification				
	Provisional		Attach Application				
	Temporary	From To	State Length of Employment				
	For Term of Office	From To	Give Facts Under Remarks				
	Permanent Promotion		Return Report of Certification				
	Provisional Promotion		Attach Nomination				
	☐ Non-Competitive Class		Attach Application				
	Exempt Class		Submit This Form Only				
	Labor Class		Attach Application				
Terminations	Resignation		Submit Signed Resignation				
	Retirement		Give Effective Date				
	Deceased		Indicate Date				
	X Removal	6/23/23	Attach Copy of Proceedings				
	Layoff (lack of work or funds)		Give Facts Under Remarks				
Other Changes	Military Leave of Absence		Give Facts Under Remarks				
-	Other Leave of Absence	From To	Give Facts Under Remarks				
	Transfer		Give Facts Under Remarks				
	Demotion		Give Facts Under Remarks				
	Suspension		Give Facts Under Remarks				
	Reinstatement		Give Facts Under Remarks				
	Change in Classification		Give Facts Under Remarks				
	New Position		Submit Form				
	Change in Salary		Indicate New Salary				
	Change in Name		Give Facts Under Remarks				
	Other		Give Facts Under Remarks				
Remarks:			Give Facts Order Remarks				
Appointing Office	r: Jodi A. Birch		MECHANICVILLE CIVIL				
Γitle: Business N			SERVICE COMMISSION				
Address: 25 Knis		12118	MECEIVED				
Certificate valid u	ntil:	12110 SATE	Date: //				
This co	ertifies that the above employment is in a	ccordance with Law and Ri	ules made in pursuance to Janualindu				
	Subject to any limital	tion or condition specified a	above.				
By: Kolil	2 Buch		Date: 6/8/2-2				
			10/0/05				

From: City [	County	Town 🗌		Village Or Di	strict 🛮	
Department:					40000	
Name And Title of Las	t Employee In Position:		**************************************			
Name of Employee:	Name of Employee: Samantha Rivera Social Security Numbe					
Address:		***************************************			A CANADA CONTRACTOR OF CONTRAC	
Title of Position: Cl	eaner				Salary: \$17.49/hr	
Non-Veteran ✓ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐						
Appointments	Check Nature Of		tive Date		ction Necessary By	
Appointments		Enter	MYE DALE		Appointing Officer	
	Personnel Change				**	
	Permanent				Report of Certification	
	☐ Provisional				pplication	
	☐ Temporary	From	То		ngth of Employment	
	For Term of Office	From	To	Give Fac	cts Under Remarks	
	Permanent Promotion			Return F	Report of Certification	
	Provisional Promotion			Attach N	lomination	
	☐ Non-Competitive Class			Attach A	application	
	Exempt Class			Submit	This Form Only	
	X Labor Class	8/4/23		Attach A	Application	
Terminations	Resignation	0, ,,_0		Submit	Signed Resignation	
i ci iiiiiations	Retirement			Give Ef	fective Date	
	Deceased			Indicate	Date	
	Removal	<del>                                     </del>		Attach C	Copy of Proceedings	
	Layoff (lack of work or funds)				cts Under Remarks	
0.0	Military Leave of Absence	<del> </del>			cts Under Remarks	
Other Changes	Other Leave of Absence	From	То		cts Under Remarks	
	Transfer	11011			cts Under Remarks	
		<del> </del>			cts Under Remarks	
	Demotion				cts Under Remarks	
	Suspension				cts Under Remarks	
	Reinstatement				cts Under Remarks	
	Change in Classification			Submit		
	New Position	ļ			New Salary	
	Change in Salary				cts Under Remarks	
	Change in Name					
	☐ Other			Give Fa	cts Under Remarks	
Remarks:						
Appointing Officer:	odi A. Birch					
Title: Business Mar	ager					
Address: 25 Kniske	rn Ave. Mechanicville, N	Y 12118				
Certificate valid until	:				Date:	
This certi	fies that the above employment is in Subject to any limit	accordance v	vith Law and ition specified	Rules made in above.	pursuance to Law.	
By:	RISCA				Date: 121 122	
ARVILL	XUNLA			MEO	ANICALLE	
/ I		0	, *	775444	.:/*::*!***	

	County 🗌	Town	Village Or District ☑
Department:			
Name And Title of I	ast Employee In Position:		
Name of Employee:	Mary Brior		Social Security Number: XXX-XX-
Address:			
Title of Position:	Monitor		Salary: \$14.63/hr
Non-Veteran 🔽	Veteran Disabled V	/eteran Exem	npt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change	Enective Bate	
			Appointing Officer
	× Permanent	9/5/23	Return Report of Certification
	Provisional		Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other Other		Give Facts Under Remarks
Remarks:		MEG	HANICVILLE CIVIL
Appointing Officer:	Jodi A. Birch	SER	VIGE COMMISSION
<sup>Title:</sup> Business Mar	nager		ECEIVED
<sup>Address:</sup> 25 Kniske	rn Ave. Mechanicville, NY	12118 DATE	8823 p- findenan
Certificate valid unti	l:		Date:
This certi	fies that the above employment is in a	ccordance with Law and Rition or condition specified a	ules made in pursuance to Law.
By: (20 of	MA . L	non or conumon specified a	Date: 8/4/2-3
- CREXXIC	er wich		1 0/14/2

Report All Personnel Changes On This Form.

From: City	☐ County ☐	Town 🔲		Village Or D	istrict 🛛	
Department:						
Name And Title of La	st Employee In Position :					
Name of Employee:	Name of Employee: Traci Monroe Social Security Number:					
Address:					The second secon	
Title of Position: No	etwork Technician				Salary: \$32.05/hr	
Non-Veteran 🗸	Veteran Disabled V	eteran 🔲	Exem	pt Volunteer 1	Firefighter	
Appointments	Check Nature Of		ive Date		ction Necessary By	
••	Personnel Change		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Appointing Officer	
	Permanent				Report of Certification	
	V Provisional	7/31/23			Application	
	Temporary	L	То		ngth of Employment	
	For Term of Office		To		ets Under Remarks	
	Permanent Promotion	riom	10		Report of Certification	
	Provisional Promotion				lomination	
	Non-Competitive Class				Application	
	Exempt Class		.,		This Form Only	
	Labor Class				application	
Terminations	Resignation				Signed Resignation	
1 CI IIIII attorio	Retirement		<del></del>		ective Date	
	Deceased			Indicate		
	Removal				Copy of Proceedings	
	Layoff (lack of work or funds)				ets Under Remarks	
Other Changes	Military Leave of Absence				ets Under Remarks	
Other Changes	Other Leave of Absence	From	Го		ets Under Remarks	
	Transfer	170111			ets Under Remarks	
i	Demotion				ets Under Remarks	
	Suspension				ets Under Remarks	
	Reinstatement	:			ets Under Remarks	
	Change in Classification				ts Under Remarks	
	☐ New Position			Submit I	Form	
	☐ Change in Salary			Indicate	New Salary	
	☐ Change in Name				ets Under Remarks	
	Other			Give Fac	ets Under Remarks	
Remarks:						
Appointing Officer: J	odi A. Birch					
Title: Business Man	ager			`		
Address: 25 Kniske		′ 12118				
Certificate valid until					Date:	
This certi	fies that the above employment is in				pursuance to Law.	
By: Doll (	Subject to any limita	uon or conaitto	т ѕресіјіей й	DOVE.	Date: 7/20/23	
					11-160	

MECHANICVILLE CIVIL
SERVICE COMMISSION

PECEIVED

8/4/23 R-Jindemenn

From: City	County	Town	Village Or District 🛮
Department:			
Name And Title of Last Employee In Position:			
Name of Employee: Alexa Gwynn So			Social Security Number
Address:			
Title of Position: Teacher Aide Salary: \$14.63/hr			
Non-Veteran 🛮	Veteran Disabled \	/eteran	pt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
• •	Personnel Change	Bricelive Date	
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	X Temporary	From 9/5/23 To 6/26/24	
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
Terminations	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
O4) Cl	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
			Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
-	Reinstatement		Give Facts Under Remarks
-	Change in Classification		Give Facts Under Remarks
ļ.	New Position		Submit Form
-	Change in Salary		Indicate New Salary
	Change in Name Other		Give Facts Under Remarks
Damaulaa.	Other		Give Facts Under Remarks
Remarks:			
		N&F	CHANICVILLE CIVIL
Appointing Officer: Jodi A. Birch SERVICE COMMISSION			
Title: Business Manager			
Address: 25 Kniskern Ave. Mochaniquille, NV 12119			
Certificate valid until			
- Listman			
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: All a Birci			Date: 3/4/23

F.: 61		***			
From: City Department:	County	Town 🗌	V	illage Or l	District 🗸
Name And Title of L	ast Employee In Position :			·	***
Name of Employee:	Andrea Praire		S	ocial Secu	rity Number:
Address:		***************************************			·
Title of Position	Teacher Aide			г	
Non-Veteran 🗸					Salary: \$14.63/hr
Appointments		<del></del>			Firefighter 🗌
Appointments	Check Nature Of	Effective	Date		Action Necessary By
	Personnel Change				Appointing Officer
	Permanent		· · · · · · · · · · · · · · · · · · ·	Return	Report of Certification
	☐ Provisional				Application
	x Temporary	From 9/5/23 To	6/26/24		ength of Employment
	For Term of Office	From To			acts Under Remarks
	Permanent Promotion			Return	Report of Certification
	Provisional Promotion				Nomination
	Non-Competitive Class			Attach	Application
	Exempt Class				This Form Only
	Labor Class			Attach	Application
Terminations	Resignation			Submit	Signed Resignation
	Retirement				fective Date
	Deceased			Indicate	Date
	Removal			Attach	Copy of Proceedings
	Layoff (lack of work or funds)				cts Under Remarks
Other Changes	Military Leave of Absence			Give Fa	cts Under Remarks
	Other Leave of Absence	From To		Give Fa	cts Under Remarks
	Transfer			Give Fa	cts Under Remarks
	Demotion			Give Fa	cts Under Remarks
	Suspension			Give Fa	cts Under Remarks
	Reinstatement				cts Under Remarks
	Change in Classification			Give Fa	cts Under Remarks
	New Position			Submit	Form
	Change in Salary			Indicate	New Salary
	Change in Name			Give Fa	cts Under Remarks
	☐ Other			Give Fa	cts Under Remarks
Remarks:					
			4 EPA	~	
Appointing Officer: J			SEI	RVICE (	COMMISSION
Title: Business Man			5	The Paris	EIV/En
Address: 25 Kniskern Ave. Mechanicville, NY 12118					
Certificate valid until:					
This certij	fies that the above employment is in a	iccordance with La	w and Rules	s made in	pursuance to Law.
	Subject to any limita	tion or condition sp	pecified abor	ve.	
By: Jeli a	Bereil				Date: 8/4/23

From: City	y County C	Town 🔲	Village Or District ☑
Department:			The second secon
Name And Title of I	Last Employee In Position :		
Name of Employee:	Shannon Mackenzie		Social Security Number:
Address:	Chamion Mackenzie		
- 100100			
Title of Position: Te	acher Aide		Solomu Od 4 00
Non-Veteran 🗸	Veteran Disabled	Veteran F:	Salary: \$14.63
Appointments	Check Nature Of	Effective Date	xempt Volunteer Firefighter
	Personnel Change	Effective Date	- Izetion riccessary by
	Permanent		Appointing Officer
	Provisional		Return Report of Certification
	X Temporary		Attach Application
	For Term of Office	From 9/5/23 To 6/26	
	Permanent Promotion	From To	Give Facts Under Remarks
	Provisional Promotion		Return Report of Certification
	Non-Competitive Class		Attach Nomination
	Exempt Class		Attach Application
	Labor Class		Submit This Form Only
erminations	Resignation		Attach Application
	Retirement		Submit Signed Resignation
	Deceased		Give Effective Date
	Removal		Indicate Date
	Layoff (lack of work or funds)		Attach Copy of Proceedings
Other Changes	Military Leave of Absence		Give Facts Under Remarks Give Facts Under Remarks
•	Other Leave of Absence	From To	Give Facts Under Remarks Give Facts Under Remarks
	Transfer	110111	Give Facts Under Remarks Give Facts Under Remarks
	Demotion		Give Facts Under Remarks Give Facts Under Remarks
	Suspension		Give Facts Under Remarks Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks  Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
emarks:		<u> </u>	Give racts officer Remarks
			MECHANICA
ppointing Officer: J	(adi A. Dianh		MECHANICVILLE CIVIL
			SERVICE COMMISSION
<sup>tle:</sup> Business Man	ager		RECEIVED
<sup>ddress:</sup> 25 Kniskeı	rn Ave. Mechanicville, NY	′ 12118	DATE 8 25 23
ertificate valid until			I Date (1)
This certij	ies that the above employment is in a	accordance with Law and	Rules made in pursuance to Law.
/1	Subject to any limita	tion or condition specified	d above.
" Leve (-	Bereh		Date: 8/16/23
7/6			1 0/1/a/N.D

From:	City County	Town 🗌	Village Or District   ✓	
Department:			· mage of District 🔯	
Name And Title of	of Last Employee In Position:			
Name of Employe	e: Kayla Edwards		Social Security Number:	
Address:				
Title of Position:	Tanka Att			
			Salary:	
Non-Veteran ☑	Veteran Disabled		empt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
	Personnel Change		Appointing Officer	
	Permanent	:	Return Report of Certification	
	Provisional		Attach Application	
	▼ Temporary	From 9/7/23 To 6/25/24		
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	☐ Provisional Promotion		Attach Nomination	
	☐ Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
PW 1	Labor Class		Attach Application	
Terminations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
	New Position		Submit Form	
	Change in Salary		Indicate New Salary	
	☐ Change in Name		Give Facts Under Remarks	
D	Other		Give Facts Under Remarks	
Remarks:				
			A 5 mm	
Appointing Officer	"Jodi A. Birch		MECHANICVILLE CIVIL	
	V		SERVICE COMMISSION	
<sup>ritle:</sup> Business M			DECEIVED	
Address: 25 Knisł	ern Ave. Mechanicville, NY	′ 12118		
Certificate valid until:				
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law,				
$\Omega$	Subject to any limita	tion or condition specified	l above.	
Stroi (	IR 18 11 B		Date: — i	
Lyour Col C	GUUCE		<i>+11012</i> 3	

From:	City County	Town 🗌	Village Or District ☑
Department:			
Name And Title	e of Last Employee In Position :		
Name of Emplo			
Name of Emplo	<sup>yee:</sup> Samantha Niles		Social Security Number:
Address <sup>,</sup>			
Title of Position	:Teacher Aide		Salary:
Non-Veteran 🗸	Veteran Disabled \	Veteran T Exem	npt Volunteer Firefighter [
Appointments	Check Nature Of	Effective Date	
••	Personnel Change	Effective Date	Action Necessary By
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	X Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class  Labor Class		Submit This Form Only
Terminations			Attach Application
1 erminations	Resignation Retirement		Submit Signed Resignation
			Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
Other Character	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	☐ Military Leave of Absence☐ Other Leave of Absence		Give Facts Under Remarks
	Transfer	From To	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
			Give Facts Under Remarks
	Suspension Reinstatement		Give Facts Under Remarks
			Give Facts Under Remarks
	☐ Change in Classification ☐ New Position		Give Facts Under Remarks
	Change in Salary		Submit Form
	Change in Name		Indicate New Salary
	Other		Give Facts Under Remarks
Remarks:	Outer		Give Facts Under Remarks
Appointing Offic	<sup>er:</sup> Jodi A. Birch	M	ECHANICVILLE CIVII
Title: Business		SE	RVICE COMMISSION
Address: 25 Kni	skern Ave. Mechanicville, NY		ECEIVED
Certificate valid		WALE -	7/19/Date:
This	certifies that the above employment is in a	accordance with Law and Ri	ules made in pursuance to Law.
- /)	Subject to any limital	tion or condition specified a	
By:	aBirel		Date: 7/10/2 7

From:	City County	Town [	Village Or District   ✓
Department:			
j.	of Last Employee In Position :		
Name of Employ	<sup>vee:</sup> Priscilla Howland		Social Security Number:
Address:			
Title of Position:	Teacher Aide		Salary:
Non-Veteran 🗸		/eteran T Ever	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	······
• •	Personnel Change	Effective Date	Action Necessary By Appointing Officer
	Permanent		Return Report of Certification
			Attach Application
	★ Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			HANICVILLE CIVIL
	<sup>er:</sup> Jodi A. Birch		ICE COMMISSION
<sup>Title:</sup> Business N	√lanager		CEIVED
<sup>Address:</sup> 25 Knis	skern Ave. Mechanicville, NY	12118	7/14/23 R-Lindemann
Certificate valid u		3. W. F. W.	Date:
This c	certifies that the above employment is in a	accordance with Law and R	ules made in pursuance to Law,
<del>)</del>	Subject to any limitat	tion or condition specified t	
By: Jochi	aBirek		Date: 7/10/23

Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.	From: C	City County C	Town 🗌	Village Or District 🔽
Address*    Courtney Groves	Department:			
Title of Position: Teacher Aide    Non-Veteran	Name And Title o	f Last Employee In Position :		
Title of Position: Teacher Aide    Non-Veteran   Veteran   Disabled Veteran   Exempt Volunteer Firefighter	Name of Employe	e: Courtney Groves		Social Security Number:
Non-Veteran   Veteran   Disabled Veteran   Exempt Volunteer Firefighter	Address:	-		
Appointments    Check Nature Of Personnel Change	Title of Position: T	eacher Aide	A	Salary:
Appointments  Check Nature Of Personnel Change  Personnel Change  Permanent  Provisional  Return Report of Certification  Attach Application  Attach Application  Attach Application  Attach Application  Provisional From 977/23 To 6/25/24  State Length of Employment  For Term of Office  From To Give Facts Under Remarks  Permanent Promotion  Provisional Promotion  Non-Competitive Class  Labor Class  Exempt Class  Labor Class  Terminations  Resignation  Resignation  Resignation  Resignation  Resignation  Resignation  Submit Signed Resignation  Removal  Attach Application  Resignation  Submit Signed Resignation  Removal  Attach Copy of Proceedings  Indicate Date  Attach Copy of Proceedings  Give Facts Under Remarks  Other Changes  Other Leave of Absence  Other Leave of Absence  Other Leave of Absence  Cother Leave	Non-Veteran 🔽	Veteran 🗌 Disabled V	Veteran Exem	npt Volunteer Firefighter
Personnel Change    Permanent   Return Report of Certification     Provisional   Attach Application     Provisional   Attach Application     Prome of Office   From 977/23 To 6/25/24   State Length of Employment     Pro Term of Office   From To   Give Facts Under Remarks     Provisional Promotion   Return Report of Certification     Provisional Promotion   Attach Nomination     Non-Competitive Class   Attach Application     Exempt Class   Submit This Form Only     Labor Class   Attach Application     Resignation   Submit Signed Resignation     Retirement   Give Effective Date     Deceased   Indicate Date     Removal   Attach Copy of Proceedings     Layoff (lack of work or funds)   Give Facts Under Remarks     Other Changes   Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Reinstatement   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other Changes in Name   Give Facts Under Remarks     Other Changes   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Other Change in Name   Give Facts Under Remarks     Other   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Other	Appointments	Check Nature Of		
Permanent		1	Directive Bate	
Provisional   Attach Application   Attach Application   Temployment   For Term of Office   From To   Give Facts Under Remarks   Permanent Promotion   Attach Nomination   Non-Competitive Class   Attach Application   Non-Competitive Class   Attach Application   Exempt Class   Submit This Form Only   Labor Class   Attach Application   Retirement   Give Effective Date   Resignation   Retirement   Give Effective Date   Indicate Date   Removal   Attach Copy of Proceedings   Removal   Attach Copy of Proceedings   Attach Application				
Temporary   From 9/7/23 To 6/25/24   State Length of Employment   From To   Give Facts Under Remarks   Permanent Promotion   Return Report of Certification   Attach Nomination   Attach Nomination   Attach Nomination   Attach Nomination   Attach Nomination   Attach Application   Exempt Class   Attach Application   Submit This Form Only   Labor Class   Attach Application   Resignation   Give Effective Date   Give Effective Date   Indicate Dat				
For Term of Office   From To   Give Facts Under Remarks   Permanent Promotion   Return Report of Certification   Provisional Promotion   Attach Nomination   Attach Nomination   Non-Competitive Class   Attach Application   Exempt Class   Submit This Form Only   Labor Class   Attach Application   Submit Signed Resignation   Retirement   Give Effective Date   Indicate Date   Removal   Attach Copy of Proceedings   Attach Application   Retirement   Give Effective Date   Removal   Attach Copy of Proceedings   Indicate Date   Removal   Attach Copy of Proceedings   Give Facts Under Remarks   Give Facts Under Remar			F 07/00 T- 0/05/04	
Permanent Promotion				
Provisional Promotion			From 10	
Non-Competitive Class				
Exempt Class   Submit This Form Only   Labor Class   Attach Application     Resignation   Submit Signed Resignation   Retirement   Give Effective Date   Deceased   Indicate Date   Indicate Date   Layoff (lack of work or funds)   Give Facts Under Remarks   Give F				
Labor Class				
Resignation   Submit Signed Resignation   Retirement   Give Effective Date   Indicate Date   Removal   Attach Copy of Proceedings   Layoff (lack of work or funds)   Give Facts Under Remarks   Give Facts Under Remarks   Other Changes   Military Leave of Absence   Give Facts Under Remarks				
Retirement Deceased Removal Layoff (lack of work or funds)  Other Changes  Military Leave of Absence Other Leave of Absence From Demotion Suspension Reinstatement Change in Classification Change in Salary Change in Name Other Remarks Other Remarks Other Remarks Other Remarks Other Remarks Other Facts Under Remarks Other Remarks Other Facts Under	· · · ·			
Deceased   Indicate Date   Removal   Attach Copy of Proceedings   Layoff (lack of work or funds)   Give Facts Under Remarks   G	Terminations			
Removal				
Layoff (lack of work or funds)   Give Facts Under Remarks     Other Changes   Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To   Give Facts Under Remarks     Transfer   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Suspension   Give Facts Under Remarks     Reinstatement   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     New Position   Submit Form     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Give Facts Under Remarks     Other   Give Facts Under Remarks     Submit Form   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Give				
Other Changes    Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Suspension   Give Facts Under Remarks     Reinstatement   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     New Position   Submit Form     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Giv				
Other Leave of Absence   From   To   Give Facts Under Remarks   Give Fac				Give Facts Under Remarks
Transfer Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Change in Classification Change in Salary Change in Name Change in Classification Change in Change in Name Change in Name Change in Change in Name Change	Other Changes			Give Facts Under Remarks
Demotion Give Facts Under Remarks Give Facts U			From To	Give Facts Under Remarks
Suspension  Give Facts Under Remarks  Change in Classification  Change in Classification  Change in Salary  Change in Name  Change in Name  Change in Name  Change in Name  Give Facts Under Remarks  Indicate New Salary  Change in Name  Give Facts Under Remarks  Give Facts Under Remarks  Give Facts Under Remarks  Remarks:  Appointing Officer: Jodi A. Birch  Fitle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.		Transfer		Give Facts Under Remarks
Reinstatement Change in Classification New Position Change in Salary Change in Salary Change in Name Change in		Demotion		Give Facts Under Remarks
Change in Classification  New Position  Change in Salary  Change in Name  Cive Facts Under Remarks  Give Facts Under Remarks  Remarks:  Appointing Officer: Jodi A. Birch  Fitle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.		Suspension		Give Facts Under Remarks
Change in Classification   Give Facts Under Remarks     New Position   Submit Form     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Give Facts Under Remarks     Appointing Officer: Jodi A. Birch   SERVICE COMMISSION     Chile: Business Manager   Service Commission     Address: 25 Kniskern Ave.   Mechanicville, NY 12118     Certificate valid until:   Date:   Lawlung     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.		Reinstatement		Give Facts Under Remarks
New Position		Change in Classification		
Change in Name Cive Facts Under Remarks  Appointing Officer: Jodi A. Birch Citle: Business Manager Change in Name Change in Name Cive Facts Under Remarks  MECHANICVILLE CIVIL SERVICE COMMISSION  Commission Change in Name Cive Facts Under Remarks  Address:  Address:  25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until:  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.				
Change in Name  Other  Give Facts Under Remarks  Give Facts Under Remarks  Appointing Officer: Jodi A. Birch  Fitle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.		Change in Salary		
Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.				
Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.		Other		
Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.	Remarks:			
Address: 25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.				SERVICE COMMISSION
Address: 25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  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.				
Certificate valid until:  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.	Address: 25 Knisk	ern Ave. Mechanicville, NY	´12118	7/1/1/23
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.	Certificate valid un	til:		Date: I
	This cei	rtifies that the above employment is in a	secordance with Law and R.	ules made in pursuance to Law.
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	By: Jozep	ARIX & B	non or continue specified to	Date: 7/10/23

From:	City County C	Town 🗌	Village Or District 🗸
Department:			
Name And Title	of Last Employee In Position :		
Name of Employ	vee.		
Trame of Emplo.	Lindsay Jenkins		Social Security Number:
Address:			
Title of Position	Teacher Aide		Salary:
Non-Veteran 🗸		/eteran ☐ Exer	npt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
••	Personnel Change	Effective Date	Action Necessary By Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
		From 9/7/23 To 6/25/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion	110111	Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		
	Exempt Class		Attach Application Submit This Form Only
	Labor Class		
Terminations	Resignation		Attach Application
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Retirement		Submit Signed Resignation Give Effective Date
	Deceased		
	Removal		Indicate Date
	Layoff (lack of work or funds)		Attach Copy of Proceedings
Other Changes	Military Leave of Absence		Give Facts Under Remarks
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer	Profit 10	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Give Facts Under Remarks
			Submit Form
	☐ Change in Salary ☐ Change in Name	17.17.1	Indicate New Salary
	Other		Give Facts Under Remarks
Remarks:			Give Facts Under Remarks
Kemai ks.			Ī
Annointing Office	er: Jodi A. Birch		MECHANICIULE ON
			MECHANICVILLE CIVIL SERVICE COMMISSION
<sup>Fitle:</sup> Business I			Maria Colonia
Address: 25 Knis	skern Ave. Mechanicville, NY	12118	MECLIVED
Certificate valid u	intil:	DATE	7/11/2015 P
This c	ertifies that the above employment is in a		
<del></del>	Subject to any limitat	tion or condition specified a	
By: Tool	ill Burch		Date: 7/10/23

From: City	y ☐ County ☐	Town	Village Or District 🗸
Department:			
Name And Title of I	Last Employee In Position:		
Name of Employee:	Jami King		Social Security Number:
Address: ,			
Title of Position: Te	oobox Aid		
Non-Veteran			Salary:
Appointments	Veteran Disabled		pt Volunteer Firefighter 🗌
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change	·	Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	★ Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	☐ Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			Torro 2 della Chest Romana
			-
Annointing Officers			MECHANICVILLE CIVIL
Appointing Officer: J		Ś	SERVICE COMMISSION
<sup>ritle:</sup> Business Man	ager		
<sup>Address:</sup> 25 Kniskei		40440	HEGEIVED
Certificate valid until	n Ave. Mechanicville, NY	12118 3%tc	7/19123
		toonday on the F	Date: K- Lindinan
/1 cerny	ies that the above employment is in a Subject to any limitar	iccoraance with Law and Rul tion or condition specified ab	es made in pursuance to Law,
by: Japla (	B. 1 - 1	uon or conunion specified ab	
MICHEL	HURCH		Date: 7/10/27

From: City	☐ County ☐	Town [	Village Or District 🗸
Department:	-		
Name And Title of La	ast Employee In Position :		
Name of Employee:	Casey Hollenbeck		Social Security Number:
Address:	Ondo Apt & Micona		
Title of Position: Tea			Salary: #14, 63
Non-Veteran 🗸	Veteran Disabled V	Veteran 🗍 Evan	ppt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
• •		Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	▼ Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	☐ Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	☐ Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	☐ Transfer		Give Facts Under Remarks
	☐ Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
Ī	☐ Change in Salary		Indicate New Salary
Ī	Change in Name	· · · · · · · · · · · · · · · · · · ·	Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:		_	
Appointing Officer: Jo		S	MECHANICVILLE CIVIL SERVICE COMMISSION
<sup>ritle:</sup> Business Mana	ager	Į.	DECENTER
<sup>Address:</sup> 25 Kniskeri	n Ave. Mechanicville, NY	12118	1/4/23
Certificate valid until:			Date:
This certifi	es that the above employment is in a	accordance with Law and Ru	tles made in pursuance to Law.
By:	Subject to any limital	tion or condition specified at	Date: 7/10/2.7
LKELLA	AURCA		1 7//0127

	/ Report All Per	sonnel Changes On This I	orm.	
	County 🗍 To			
Department: N	lechanicalle Distric	t Public Libras	11	
	of Last Employee In Position:	1 12 00	Jan I lair (la di	
Name of Employ	yee:	Irssa Wallage	ocial Security Number	
	Italey Italse	L.		
Address		· · · · · · · · · · · · · · · · · · ·	1- 110	
Title of Position	· // . //		Salary ALL 20 per hv.	
Non-Veteran	Veteran ☐ Disabl	ed Veteran Exempt V	Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
whhomenes		TOTACCIAC TAGE	, ,	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
	L Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	Substitute	From To	Give Facts Under Remarks	
-	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	☐ Provisional Promotion		Attach Nomination	
	☐ Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
	Labor Class		Attach Application	
Terminations	M Resignation	4-24-23	Submit Signed Resignation	
,	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other	☐ Military Leave of Absence		Give Facts Under Remarks	
Changes	Other Leave of Absence	From To	Give Facts Under Remarks	
Changes	Transfer		Give Facts Under Remarks	
ŀ	Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
}	Reinstatement		Give Facts Under Remarks	
}			Give Facts Under Remarks	
}	Change in Classification		Submit Form	
}-	New Position			
<u> </u>	Change in Salary		Indicate New Salary	
	Change in Name		Give Facts Under Remarks	
	Other		Give Facts Under Remarks	
Remarks:			MECHANICVILLE CIVIL SERVICE COMMISSION	
Appointing Officer: Michelle L. Durll BECEIVED				
Title: Described				
Address:	1 . 1 . 1 . 1	II. Alu IXII	WE 10130 23	
Address, 190 N. Main St. Mechanic ville Ny 12118				
Certificate valid	until:	$\mathcal{L}$	Date:	
This ce	rtifies that the above employment is i	n accordance with Law and Ritiation or condition specified a	ules made in pursuance to Law.	
	Subject to any um	union or condition specified a		
By: Mic	By: Michael L. Date: 10-26-2-3			

#### Two Weeks Notice

Halse, Hailey <hhalse@sals.edu> Mon 6/12/2023 6:55 PM To:Duell,Michelle <mduell@sals.edu> Hello,

I am sending this email to serve as my two weeks notice. Are there any other processes that are required of me (i.e. paperwork or other documentation) to be submitted to quit/resign from my position? My last day will be on Monday the 26<sup>th</sup> of June, 2023. Thank you for the opportunity.

Hailey Halse, 6/12/2023

Report All Personnel Changes On This Form. County [ Town 🗌 Village Or District From: City [X Department: District Publ echanicalle Name And Title of Last Employee In Position : Social Security Number: Name of Employee: Address: . Salary: 15,00 per ly Title of Position: Exempt Volunteer Firefighter Disabled Veteran Non-Veteran Action Necessary By Appointments Check Nature Of Effective Date Appointing Officer Personnel Change Return Report of Certification Permanent Attach Application Provisional State Length of Employment From To Temporary Give Facts Under Remarks From To Substitute Give Facts Under Remarks For Term of Office From To Return Report of Certification Permanent Promotion Attach Nomination Provisional Promotion Attach Application Non-Competitive Class Submit This Form Only Exempt Class Attach Application Labor Class 8-15-23 Submit Signed Resignation Text West Coc ✓ Resignation Terminations Give Effective Date Retirement Indicate Date Deceased Attach Copy of Proceedings Removal Give Facts Under Remarks Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Τo Other Leave of Absence From Changes Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Submit Form New Position Indicate New Salary Change in Salary Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Remarks: MECHANICVILLE CIVI Appointing Officer: Title: Address: DATE Mechaniculte Date: Certificate valid until: 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. Date: 7-1-23

/ Report All Personnel Changes On This Form.				
From: City [		wn 🗌 Village Or D		
Department:	echanicalle District	Public Librar	·4	
	of Last Employee In Position: -			
Name of Employ	ree: Kaula Whispell	Sc	ocial Security Number:	
Address:			7	
Title of Position:	Clerk	U	Salary: Blue DO per W.	
Non-Veteran	Veteran Disabl	led Veteran  Exempt V	olunteer Firefighter 🗌	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
110000000000000000000000000000000000000	Personnel Change	Islacelly o Islace	Appointing Officer	
	Permanent	8-4-2023	Return Report of Certification	
	Provisional	0-4-3033	Attach Application	
		From To	State Length of Employment	
	☐ Temporary ☐ Substitute	From To	Give Facts Under Remarks	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion	110111 10	Return Report of Certification	
	Provisional Promotion	•	Attach Nomination	
-	Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
	Labor Class		Attach Application	
Terminations	Resignation		Submit Signed Resignation	
Terminations	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other	Military Leave of Absence		Give Facts Under Remarks	
Changes	Other Leave of Absence	From To	Give Facts Under Remarks	
Changes	Transfer	1011	Give Facts Under Remarks	
•	Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
}	New Position		Submit Form	
	Change in Salary		Indicate New Salary	
	Change in Name		Give Facts Under Remarks	
-	Other		Give Facts Under Remarks	
Remarks:	Other	-	0 0-	
Kemarks.	18-779-5605		R. Lindemann	
Appointing Officer: Michilik Durkl SERVICE COMMISSION				
Title:			For the post of the last	
Address:				
Address 190 N. Main St. Mechanicalle Ny 1248 8 1123				
Certificate valid until:				
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:				
T. Wichelle, & Wuell 19-8-23				

Report All Personnel Changes On This Form. Village Or District City 🗹 Town 🗌 From: Department: erhaniculte Name And Title of Last Employee In Position: Social Security Number: Name of Employee: mbria Jackson Address: Title of Position: Non-Veteran Veteran 🗌 Disabled Veteran Exempt Volunteer Firefighter Effective Date Check Nature Of Action Necessary By Appointments Appointing Officer Personnel Change Permanent K-4-2022 Return Report of Certification Provisional Attach Application Temporary From State Length of Employment Substitute From To Give Facts Under Remarks For Term of Office From To Give Facts Under Remarks Return Report of Certification Permanent Promotion Provisional Promotion Attach Nomination Non-Competitive Class Attach Application Submit This Form Only. Exempt Class Attach Application Labor Class Submit Signed Resignation Resignation Terminations Give Effective Date Retirement Indicate Date Deceased Attach Copy of Proceedings Removal Give Facts Under Remarks Layoff (lack of work or funds) Give Facts Under Remarks Military Leave of Absence Other Give Facts Under Remarks From To Changes Other Leave of Absence Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks Submit Form New Position Indicate New Salary Change in Salary Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Remarks: 518-653-4147 Appointing Officer: Director Address: 190 H. Main St. Mechaniciale My Certificate valid until: 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. Date: hibell &

From:	City 💢	County [	Town 🗌		Village Or District
Department: Mechanicalle District Public Library					
14		venlle District F	ublic L	1 brairy	
Name And Title	of Last Em	ployee In Position:		J	
Name of Employ	yee:   {				Social Security Number:
	Henther (lements				
Address: , ,	^ .	1. 10			2
Title of Position:	Cler	12		<del> </del>	Salary: 17,00 per hr
Non-Veteran		Veteran Disabled \	/eteran	Exem	ppt Volunteer Firefighter
Appointments		Check Nature Of	<del>-,</del>	tive Date	Action Necessary By
		Personnel Change	Enec	uveDate	Appointing Officer
	<del></del>	Permanent			
		Provisional			Return Report of Certification
	<u> </u>		B		Attach Application
		Γemporary For Term of Office	From	To	State Length of Employment
			From	То	Give Facts Under Remarks
		Permanent Promotion			Return Report of Certification
		Provisional Promotion			Attach Nomination
		Non-Competitive Class			Attach Application
		Exempt Class			Submit This Form Only
		Labor Class			Attach Application
Terminations		Resignation			Submit Signed Resignation
		Retirement			Give Effective Date
		Deceased			Indicate Date
	_ I	Removal			Attach Copy of Proceedings
		ayoff (lack of work or funds)			Give Facts Under Remarks
Other Changes		Military Leave of Absence			Give Facts Under Remarks
J		Other Leave of Absence	From	То	Give Facts Under Remarks
		ransfer			Give Facts Under Remarks
	Fi	Demotion			Give Facts Under Remarks
		Suspension			Give Facts Under Remarks
		Reinstatement			Give Facts Under Remarks
		Change in Classification	1		Give Facts Under Remarks
		New Position			Submit Form
		Change in Salary			
			7-1-2	<b>グ</b>	Indicate New Salary & 19,00 pt W.
		Change in Name Other			Give Facts Under Remarks
~ ·		ner	<u> </u>		Give Facts Under Remarks
Remarks:					MECHANICVILLE CIVIL
					SERVICE COMMISSION
Appointing Office	cer: [//	ichelle Duell			THE COMMISSION
Title: Director					HECEIVED
Address:	<u> </u>		F.		C DATE 1 28 23
190	N. M.	un St. Mechani	arlle 1	14 17419	8 R Lindenday
Certificate valid	until:			)	Date:
This	certifies the	at the above employment is in a	accordance wii	h Law and R	ules made in pursuance to Law.
	-	Subject to any limita			
By: Mulu	ا عال	& Duogo			Date: 1-23

From: City	County	Town 🗌	V	illage Or District 🗌
Department:	La III Dal	1011	· ·	
Name And Title of L	han (Ville DiStre	t ruble	C LID	Vary
Name And Thie of La	ist Employee in Position:			)
Name of Employee:	Λ		9	ocial Security Number
	Michelle L. Duell		5	OOIAI BECANTO
Address		•	-1	
Title of Position:	irector	·························		Salary: 85,000.
Non-Veteran	Veteran Disabled	Veteran	Exempt	Volunteer Firefighter
Appointments	Check Nature Of	Effective		Action Necessary By
	Personnel Change		c Duit	Appointing Officer
	Permanent			Return Report of Certification
	Provisional			Attach Application
	☐ Temporary	From To	0	State Length of Employment
·	For Term of Office	From To		Give Facts Under Remarks
	Permanent Promotion		· · · · · · · · · · · · · · · · · · ·	Return Report of Certification
	Provisional Promotion	10.00		Attach Nomination
	☐ Non-Competitive Class			Attach Application
	Exempt Class			Submit This Form Only
	Labor Class			Attach Application
Terminations	Resignation			Submit Signed Resignation
	Retirement			Give Effective Date
	☐ Deceased			Indicate Date
	Removal			Attach Copy of Proceedings
	Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	Military Leave of Absence			Give Facts Under Remarks
	Other Leave of Absence	From To		Give Facts Under Remarks
	Transfer			Give Facts Under Remarks
	Demotion			Give Facts Under Remarks
•	Suspension			Give Facts Under Remarks
	Reinstatement			Give Facts Under Remarks
	Change in Classification			Give Facts Under Remarks
	☐ New Position			Submit Form
	Change in Salary	7-1-23		Indicate New Salary & Q DOD, DO
	Change in Name			Give Facts Under Remarks
	Cother Control			Give Facts Under Remarks
Remarks:				MECHANICVILLE CIVIL
	^			SERVICE COLUMNICATION OF THE C
Appointing Officer:	Michelle Duell			THE ASSESSION
Title: Director	/			HECEIVED
Address: 190 N	Main St. Mechania	11.10 AIII	12-118	DATE 7 28 23
Certificate valid until	: I LECTION OF THE CONTRACTOR	-VINE MY	10 110	Date: R. Lindemann
	•	2		Date. A 4
701.3				
Inis certij	fies that the above employment is in Subject to any limit			

Report All Personnel Changes On This Form. City 🔀 County 🗌 Town 🗌 Village Or District From: Department: chaniculte Name of Employee: Social Security Number: Address: Title of Position: Veteran 🗌 Disabled Veteran Non-Veteran Exempt Volunteer Firefighter Check Nature Of Appointments Effective Date Action Necessary By Personnel Change Appointing Officer Permanent Return Report of Certification Provisional Attach Application To Temporary From State Length of Employment Substitute From To Give Facts Under Remarks For Term of Office From То Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination Non-Competitive Class Attach Application Exempt Class Submit This Form Only Labor Class Attach Application Terminations Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Other Leave of Absence To Give Facts Under Remarks Changes From ☐ Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Indicate New Salary 5,00 pc/ hr. Change in Salary -2023Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Address: 190 Mechanicule Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to La Subject to any limitation or condition specified above. Date: By:

From: City	County .	Town	Village Or District
Department:	reasonable District #	2 11. 1 1	
Name And Title of La	ACCIONATE IN STRUCT	Which Librai	74
Transcrind Time of 25	Disproyee in Polition .		J .
Name of Employee:	Stephania Liotta	1	Social Security Number:
Address: ;			
Title of Position:	Leok		Salary: "14,20 per hr.
Non-Veteran	Veteran Disabled	Veteran 🗌 · B	Exempt Volunteer Firefighter
Appointments	Check Nature Of	Effective Dat	
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
,	Provisional		
	Temporary	From To	Attach Application
	For Term of Office	From To	State Length of Employment Give Facts Under Remarks
	Permanent Promotion	1.10111 10	
	Provisional Promotion		Return Report of Certification  Attach Nomination
	Non-Competitive Class	<del>                                     </del>	Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
1 el minacions	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks .
Other Changes	Military Leave of Absence		Give Facts Under Remarks
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer	110111	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary	77 1 2002	
	Change in Name	7-1-2023	Indicate New Salary 5 5,00 pc for. Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			Give racis onder Remarks
5 i 8	- 937-5733		. A second secon
		<u> </u>	MECHANICVILLE CIVIL
Appointing Officer:	Michelle Duell		SERVICE COMMISSION
Title: Director			RECEIVED
Address: 19D N	Main St Mechani	valle NU 12	US DATE 1/28/23
Certificate valid until:	- LL SCI JACO	J	Date: R. Lindemann
This certif	ies that the above employment is in a		d Rules made in pursuance to Law.
	Subject to any limita	tion or condition specifie	
By: Mielend	o & Wiell		Date: 1-1-23

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From:	City 💢 County 🗌	Town 🗌	Village Or District
Department:	0.1	1001	
77 4 1 77 11	Charcylle Distric	t Public Libra	iry
Name And Title o	of Last Employee In Position:		J
Name of Employe	ee: 4		Social Security Number
	Carrie S. Sheu	nt-Molta	Social Security Number:
Address: ,	~ · · · · · · · · · · · · · · · · · · ·	10110	
	The second second	CCV(05)1CANVE IN	
Title of Position:	Clark		J Salary: @160200 per hr.
Non-Veteran 🗌		oled Veteran	Exempt Volunteer Firefighter
Appointments	Check Nature Of	Effective Da	
	Personnel Change		Appointing Officer
	Permanent	· · · · · · · · · · · · · · · · · · ·	
	Provisional		Return Report of Certification
	Temporary	From To	Attach Application
	For Term of Office	——————————————————————————————————————	State Length of Employment
	Permanent Promotion	From To	Give Facts Under Remarks
	Provisional Promotion		Return Report of Certification
	Non-Competitive Class		Attach Nomination
	Exempt Class		Attach Application
	Labor Class		Submit This Form Only Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or fun	ds)	Give Facts Under Remarks
Other Changes	Military Leave of Absence	,	Give Facts Under Remarks
5	Other Leave of Absence	From To	Give Facts Under Remarks
*	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	X Change in Salary	7-1-23	T-1'-4-3T G 1 2G(131)
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:	-		The state of the s
<b>.</b>	0, 0, 10, 0, 00, 1		MECHANIM
Appointing Office	r: 0/1.	-	MECHANICVILLE CIVIL
	" Michelle Duell		SERVICE COMMISSION
Title: Direct	776		MECEIVER
Address:	I I A - DI Mada	0 1 1 1 1 1 1 1	VIIO MATE R. Linksup
Contificate walls	4 Main St. Mecho	invarille My 13	Fil 8
Certificate valid ui		J	Date: 7/2-8/2-3
This ce	ertifies that the above employment is	s in accordance with Law an	nd Rules made in pursuance to Law.
Bv:// / *	Subject to any it	mitation or condition specifi	
Mishall	0 . L () 11 000		Date:
	~~ V W W C C C		7-1-23

2		ersonnel Changes On This I	
From: City	County [] T	own Village Or D	District
Department: \			
	Mechanicine Ho	Using Authori	hu.
Name And Titl	e of Last Employee In Position:		
Name of Emple	oyeo John J. Bruie	. So	ocial Security Number;
Address:	<u> </u>		-
			1. 10-114
Title of Position		soru.	Salary: \$1.4.20 hour.
Non-Veteran		oled Veteran . Exempt V	olunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change	,	Appointing Officer
•	Permanent	171	Return Report of Certification
	Provisional	11083	Attach Application
	Temporary	From 5 04 To 10/01/3	State Length of Employment
	Súbstitute	From To	Give Facts Under Remarks
·	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification"
i	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
•	Deceased	1	Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other	Military Leave of Absence		Give Facts Under Remarks
Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	☐ Transfer		Give Facts Under Remarks
J	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
[	Reinstatement		Give Facts Under Remarks
[	Change in Classification		Give Facts Under Remarks
ſ	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name	-	Give Facts Under Remarks
	Other		Give Facts Under Remarks
lemarks:			
ppointing Offic	rari T		
	John Fusien		
itle: Ex-	cutive Director	•	
ddress:	1000 An S. 1.1	M. Jan St.	12118
ertificate valid	until:	1. Lawanicalice	Date:
This cer	rtifies that the above employment is in Subject to any lists	i accordance with Law and Rule tation or condition specified abo	s made in pursuance to Law,
y:	Januject to any time		Date: 7/24/212
<del></del>	<u> </u>		1/2/00/
	γ.		MECHANICVILLE CIVIL

RECEIVED R. Lindeinann

Jacqueline McClements 85 0 85
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TITLE OF ELIGIBLE L Safety Liaison #68992 Prepared by Rose Ann Lindemar Checked by Dawnmarie Robens	TITLE OF ELIGIBLE LIST Safety Liaison #68992 Prepared by Rose Ann Lindemann Checked by Dawnmarie Robens	MECHANICVILLE CIVIL SERVICE COMMISSION	MECHANICVILLE SERVICE COMMIS	NISSIO		Date List Established: Expiration Date: By Commission Action	6-Sep-23 6-Sep-26	
Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1 Dav	David Petrie	:	95	0	9 5		·	

			Prepared by R Checked by Da Standing on List		ADDRESS	Score 100			Date List Established: Expiration Date: By Commission Action Canvass Result	6-Sep-23 6-Sep-26 Certifications
Date List Established:   Exam   Vet's   Final   Canvass Result	ADDRESS Score Pts Score  1 90 0 90  90 90	Date List Established: Expiration Date:  By Commission Action  ADDRESS Score Pts Score  100 0 100  90 0 90	nior Libr	Senior Library Clerk - #69267	CIVIL SE	CIVIL SERVICE COMMISSION	SIMMC	SION		
NAME ADDRESS Score Pts Final Canvass Result Heather Clements 1 100 0 100  Carrie Shpunt-Motta 90 0 90	NAME ADDRESS Score Pts Final Canvass Result Heather Clements 1 90 0 90  Carrie Shpunt-Motta 90 0 90	NAME ADDRESS Score Pts Score  Heather Clements 1 90 0 90  Carrie Shpunt-Motta 90 0 90	epared by R necked by Da	ose Ann Lindemann Kh awnmarie Robens An					Date List Established: Expiration Date:	
Heather Clements 1	Heather Clements 1	Heather Clements 1	Standing	NAME	A				Canvass Result	Certific
Heather Clements 1	Heather Clements 1	Carrie Shpunt-Motta  90 0	on List	NAME	ADDRESS	Score		Score		
Carrie Shpunt-Motta 90 0	Carrie Shpunt-Motta 90 0	Carrie Shpunt-Motta 90 0				100	0	100		
				Carrie Shpunt-Motta		90	0	90		
								1111111		