

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
- l) 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
- l) 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**

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Mechanicville				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: Marie Abraham			Social Security Number:	
Address:				
Title of Position: Full-Time Police Officer			Salary: \$55,742.65	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		06/01/2023	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks
Remarks:				
Appointing Officer: Mayor Michael Butler			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>6/12/23</u> <i>R. Lindeman</i>	
Title: Mayor				
Address: 36 North Main Street, Mechanicville, NY 12118				
Certificate valid until:			Date: <i>R. Lindeman</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Michael J. Butler</i>			Date: 6-9-2023	

Chief Rabbitt :

May 22, 2023

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,

A handwritten signature in black ink, appearing to read "Marie E. Abraham". The signature is written in a cursive style with a large, stylized initial "M".

Marie E. Abraham

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District
 Department: Mechanicville
 Department: Public Works
 Name And Title of Last Employee In Position :
 Name of Employee: Marc DeBates Social Security Number:
 Address:

Title of Position: MEO Salary:
 Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement		Give Effective Date <u>6/17/2023</u>
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: Left on good standards

Appointing Officer: **MECHANICVILLE CIVIL SERVICE COMMISSION**
 Title: **RECEIVED**
 Address:

Certificate valid until: 6/12/23 Date: R. Lindeman

*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: [Signature] Date: 6/12/23

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: Heaven S Mauleon		Social Security Number :		
Address:				
Title of Position: Police Officer Full Time		Salary: \$51,329.80		
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input checked="" type="checkbox"/> Provisional		06/17/2023	Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> Substitute	From	To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Michael Butler		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Mayor		RECEIVED		
Address: 36 North Main Street, Mechanicville, NY 12118		DATE <u>6/20/23</u>		
Certificate valid until:		DATE <u>R. Lindeman</u>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Michael J. Butler</i>		Date: 6-15-2023		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: Mechanicville Police Department			
Name And Title of Last Employee In Position :			
Name of Employee: Heaven S Mauleon			Social Security Number: _____
Address: _____			
Title of Position: Police Officer Full Time			Salary: _____
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	06/29/2023	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Michael Butler			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED
Title: Mayor			
Address: 36 North Main Street, Mechanicville, NY 12118			
Certificate valid until:			Date: <u>7-12-2023</u> <i>R. Lindeman</i>
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Michael J. Butler</i>			Date: <u>7-12-2023</u>



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,

A handwritten signature in cursive script that reads "Heaven Mauleon".

Heaven Mauleon

6/29/2023

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: Mechanicville Police Department					
Name And Title of Last Employee In Position :					
Name of Employee: Nathan N McLaughlin		Social Security Number: ...			
Address:					
Title of Position: Police Officer Part Time		Salary: \$25.00			
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent			Return Report of Certification	
	<input type="checkbox"/> Provisional			Attach Application	
	<input type="checkbox"/> Temporary		From To	State Length of Employment	
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks	
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion			Attach Nomination	
	<input checked="" type="checkbox"/> Non-Competitive Class		06/15/2023	Attach Application	
	<input type="checkbox"/> Exempt Class			Submit This Form Only	
	<input type="checkbox"/> Labor Class			Attach Application	
	Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
		<input type="checkbox"/> Retirement			Give Effective Date
<input type="checkbox"/> Deceased				Indicate Date	
<input type="checkbox"/> Removal				Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks		
Remarks:					
Appointing Officer: Michael Butler		MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: Mayor		RECEIVED			
Address: 36 North Main Street, Mechanicville, NY 12118		DATE: <u>6/20/23</u> <i>R. Linderman</i>			
Certificate valid until:		Date:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <i>Michael J. Butler</i>		Date: <u>6-15-2023</u>			

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: Mechanicville Police Department					
Name And Title of Last Employee In Position : John Pugliese					
Name of Employee: Jason McClements		Social Security Number: ?			
Address: - -					
Title of Position: Police Officer Full Time)			Salary: \$56,735.40		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent		06/14/2023	Return Report of Certification	
	<input type="checkbox"/> Provisional			Attach Application	
	<input type="checkbox"/> Temporary	From To		State Length of Employment	
	<input type="checkbox"/> Substitute	From To		Give Facts Under Remarks	
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion			Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class			Attach Application	
	<input type="checkbox"/> Exempt Class			Submit This Form Only	
	<input type="checkbox"/> Labor Class			Attach Application	
	Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
		<input type="checkbox"/> Retirement			Give Effective Date
		<input type="checkbox"/> Deceased			Indicate Date
		<input type="checkbox"/> Removal			Attach Copy of Proceedings
<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks		
Remarks:					
Appointing Officer: Mayor Mike Butler		MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: Mayor		RECEIVED			
Address: 36 North Main Street, Mechanicville, NY 12118		DATE 6/30/23			
Certificate valid until:		Date: <i>R. Lindeman</i>			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <i>Michael J. Butler</i>		Date: 6-15-2023			

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: Mechanicville Police Department				
Name And Title of Last Employee In Position :				
Name of Employee: John Pugliese		Social Security Number:		
Address:				
Title of Position: Police Officer Full-Time Competitive			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From To		State Length of Employment
	<input type="checkbox"/> Substitute	From To		Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement		03/23/2023	Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To		Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks
Remarks:				
Appointing Officer: Mayor Michael Butler			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Mayor				
Address: 36 North Main Street, Mechanicville, NY 12118			NOTE: 6/12/23 <i>R. Lindeman</i>	
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Michael J. Butler</i>			Date: 6-9-2023	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Mechanicville					
Department: Mechanicville Police Department					
Name And Title of Last Employee In Position :					
Name of Employee: Vincenzo M Traina		Social Security Number: - - - - -			
Address: - - - - -					
Title of Position: Police Officer Full Time			Salary: \$51,329.80		
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent		06/17/2023	Return Report of Certification	
	<input type="checkbox"/> Provisional			Attach Application	
	<input type="checkbox"/> Temporary	From To		State Length of Employment	
	<input type="checkbox"/> Substitute	From To		Give Facts Under Remarks	
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion			Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class			Attach Application	
	<input type="checkbox"/> Exempt Class			Submit This Form Only	
	<input type="checkbox"/> Labor Class			Attach Application	
	Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
		<input type="checkbox"/> Retirement			Give Effective Date
<input type="checkbox"/> Deceased				Indicate Date	
<input type="checkbox"/> Removal				Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks		
Remarks:					
Appointing Officer: Michael Butler		MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: Mayor		RECEIVED			
Address: 36 North Main Street, Mechanicville, NY 12118		DATE 6/30/23			
Certificate valid until:		Date: R. Lindeman			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: Michael J. Butler		Date: 6-15-2023			

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: <u>Mechanicville DPW</u>					
Name And Title of Last Employee In Position :					
Name of Employee: <u>Travis Hampson</u>		Social Security Number: <u>...</u>			
Address:					
Title of Position: <u>labor</u>		Salary: <u>21.88/hr</u>			
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent			Return Report of Certification	
	<input type="checkbox"/> Provisional			Attach Application	
	<input type="checkbox"/> Temporary		From To	State Length of Employment	
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks	
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion			Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class			Attach Application	
	<input type="checkbox"/> Exempt Class			Submit This Form Only	
	<input checked="" type="checkbox"/> Labor Class		7/13/23	Attach Application	
	Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
		<input type="checkbox"/> Retirement			Give Effective Date
		<input type="checkbox"/> Deceased			Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings		
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks		
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks		
Remarks:					
Appointing Officer: <u>Patrick C. Sgambato</u>		MECHANICVILLE CIVIL SERVICE COMMISSION			
Title: <u>Comm DPW</u>		RECEIVED			
Address:					
Certificate valid until:		DATE: <u>7/21/23</u> Date: <u>R. Lindeman</u>			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <u>Patrick C. Sgambato</u>		Date: <u>7/21/23</u>			

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
 Mechanicville

Department: Public Safety

Name And Title of Last Employee In Position: Ethan Turner Rec. Supervisor

Name of Employee: Kevin Rose Social Security Number: _____

Address: _____

Title of Position: Recreation Supervisor Salary: 17/HR

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Provisional		
	<input checked="" type="checkbox"/> Temporary		From <u>7/17/23</u> To <u>8/19/23</u>	Return Report of Certification
	<input type="checkbox"/> Substitute		From _____ To _____	Attach Application
	<input type="checkbox"/> For Term of Office		From _____ To _____	State Length of Employment
	<input type="checkbox"/> Permanent Promotion			Give Facts Under Remarks
	<input type="checkbox"/> Provisional Promotion			Give Facts Under Remarks
	<input type="checkbox"/> Non-Competitive Class			Return Report of Certification
	<input type="checkbox"/> Exempt Class			Attach Nomination
	<input checked="" type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks: _____

Appointing Officer: Frederick Healy MECHANICVILLE CIVIL SERVICE COMMISSION
 Title: Comm. OF Public Safety
 Address: 36 North Main Street, Mechanicville, NY 12118

RECEIVED

Certificate valid until: _____ Date: 7/14/23

*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.*

By: _____ Date: 7/14/23

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Mechanicville DPW</u>				
Name And Title of Last Employee In Position : <u>Mark Debates</u>				
Name of Employee: <u>Huehn, Kevin</u>		Social Security Number: <u>-- 1</u>		
Address:				
Title of Position: <u>MEO</u>		Salary: <u>\$24.01</u>		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		<u>8/15/23</u>	Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application	
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: <u><i>Patricia Squitieri</i></u>		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: <u>Com-</u>		RECEIVED		
Address:		DATE <u>8/18/23</u>		
Certificate valid until:		Date: _____		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <u><i>Patricia Squitieri</i></u>		Date: <u>8/18/23</u>		

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Brian McCreary					Social Security Number:		
Address							
Title of Position: Network Technician						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent					Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From	To	State Length of Employment	
	<input type="checkbox"/> For Term of Office			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input checked="" type="checkbox"/> Resignation			6/22/23		Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>6/27/23</u> Date: <u>R. J. J. J.</u>	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:							
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <u>Jodi A Birch</u>						Date: <u>6/16/23</u>	



Bornt, Beth <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 <sl Leonard@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** <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 22nd, 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
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

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Kayla Jones			Social Security Number:	
Address:				
Title of Position: Food Service Worker			Salary: \$14.70/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From To		State Length of Employment
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input checked="" type="checkbox"/> Resignation		8/3/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To		Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager			RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118			DATE: <u>8/8/23</u> Date: <u>8/3/2023</u> <i>J. A. Birch</i>	
Certificate valid until:				
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>			Date: <u>8/3/2023</u>	

8/3/23, 1:46 PM

MCSD Mail - Fwd: 2023/2024 school year



Bornt, Beth <bbornt@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

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Joseph Stewart		Social Security Number: XX		
Address:				
Title of Position: Cleaner			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		7/17/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 7/8/23		
Certificate valid until:		Date: 7/20/23		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>		Date: 7/20/23		



Bornt, Beth <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" <bbornt@mechanicville.org>, Jodi Birch <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



Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Joshua Viall		Social Security Number:	
Address:			
Title of Position: Mechanic			Salary: \$23.50/hr
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	7/5/25	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: 7/14/23 R. Shademan	
Certificate valid until:		Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: 7/10/27	

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: MaryLouise Kling		Social Security Number: xxx-xx-2393		
Address: 28 Lee Street Mechanicville, NY 12118				
Title of Position: Typist			Salary: \$16.36/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary		From 7/27/23 To 6/28/24	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input type="checkbox"/> Labor Class			Attach Application
	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: 8/8/23 <i>R. Lindemann</i>		
Certificate valid until:		Date:		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>		Date: 7/25/23		

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Jessica Silvers			Social Security Number:	
Address:				
Title of Position: Cleaner			Salary: \$17.49	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input checked="" type="checkbox"/> Labor Class		8/4/23	Attach Application
	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>			Date: 8/4/23	

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

R. Lindemann

RECEIVED

DATE 8/8/23

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

Report All Personnel Changes On This Form.

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Department:																																																																																					
Name And Title of Last Employee In Position :																																																																																					
Name of Employee: <u>Daniel Gialumo</u>	Social Security Number:																																																																																				
Address:																																																																																					
Title of Position: <u>Network Technician</u>	Salary: <u>\$ 32.05/hr</u>																																																																																				
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																																																																					
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Supplementary Payroll Certification and Report of Personnel Change

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From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																																																																					
Department:																																																																																					
Name And Title of Last Employee In Position :																																																																																					
Name of Employee: Kelly Simons	Social Security Number:																																																																																				
Address:																																																																																					
Title of Position: Microcomputer Technician	Salary: \$20.72																																																																																				
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Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Casey Erickson	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	6/23/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
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	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
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	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>7/14/23</u> <i>R. Lindeman</i>	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		DATE _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: 7/10/23	



Bornt, Beth <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" <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>

Date: Fri, Jul 7, 2023 at 1:02 PM

Subject: Resignation Letter

To: <jpisculli@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



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

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From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Katrina Miller		Social Security Number: 1234		
Address:				
Title of Position: Teacher Aide			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input checked="" type="checkbox"/> Removal	6/23/23		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: 7/14/23	Date: R. Lindeman	
Certificate valid until:				
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>		Date: 6/18/23		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Deborah Stalker		Social Security Number:		
Address:				
Title of Position: Bus Driver			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input checked="" type="checkbox"/> Removal		6/23/23	Attach Copy of Proceedings <i>N/A</i>
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		<i>6/26/23</i> <i>J. Stenderman</i>		
Certificate valid until:				
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>		Date: 6/26/23		

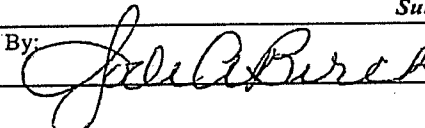
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Olivia Hernandez			Social Security Number:
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input checked="" type="checkbox"/> Removal	6/23/23	Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>7/14/23</u> Date: <u>J. J. J.</u>
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to <u>J. J. J.</u> Subject to any limitation or condition specified above.</i>			
By: <u>Jodi A. Birch</u>			Date: <u>6/18/23</u>

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Samantha Rivera	Social Security Numbe		
Address:			
Title of Position: Cleaner	Salary: \$17.49/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class	8/4/23	Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch			
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 			Date: 7/31/23

R. Lindeman

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 8/4/23

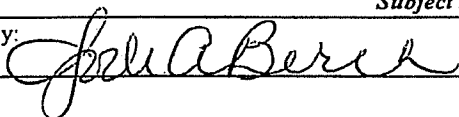
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Mary Brior				Social Security Number: XXX-XX-			
Address:							
Title of Position: Monitor						Salary: \$14.63/hr	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/> Permanent			9/5/23		Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From To		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Jodi A. Birch				MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>9/8/23</u> <i>J. Lindemann</i>			
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:				Date:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>				Date: <u>8/4/23</u>			

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Traci Monroe	Social Security Number:		
Address:			
Title of Position: Network Technician	Salary: \$32.05/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	7/31/23	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch			
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 			Date: 7/20/23

**MECHANICVILLE CIVIL
SERVICE COMMISSION**

RECEIVED

DATE 8/4/23 R-Lindemann

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Alexa Gwynn		Social Security Number:		
Address:				
Title of Position: Teacher Aide		Salary: \$14.63/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary		From 9/5/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 8/1/23		
Certificate valid until:		Date: <i>K. Lindeman</i>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A Birch</i>		Date: 8/4/23		

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Andrea Praire		Social Security Number: XY		
Address:				
Title of Position: Teacher Aide			Salary: \$14.63/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary		From 9/5/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 8/8/23		
Certificate valid until:		Date: <i>K. Lindemann</i>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A Birch</i>		Date: 8/4/23		

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																														
Department:																																														
Name And Title of Last Employee In Position :																																														
Name of Employee: Shannon Mackenzie	Social Security Number:																																													
Address:																																														
Title of Position: Teacher Aide	Salary: \$14.63																																													
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																														
Appointments	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:30%;">Effective Date</th> <th style="width:40%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input checked="" type="checkbox"/> Temporary</td> <td>From 9/5/23 To 6/26/24</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> </tbody> </table>	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	<input type="checkbox"/> Permanent		Return Report of Certification	<input type="checkbox"/> Provisional		Attach Application	<input checked="" type="checkbox"/> Temporary	From 9/5/23 To 6/26/24	State Length of Employment	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input type="checkbox"/> Non-Competitive Class		Attach Application	<input type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application	<input type="checkbox"/> Resignation		Submit Signed Resignation	<input type="checkbox"/> Retirement		Give Effective Date	<input type="checkbox"/> Deceased		Indicate Date	<input type="checkbox"/> Removal		Attach Copy of Proceedings	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer																																											
	<input type="checkbox"/> Permanent		Return Report of Certification																																											
	<input type="checkbox"/> Provisional		Attach Application																																											
	<input checked="" type="checkbox"/> Temporary	From 9/5/23 To 6/26/24	State Length of Employment																																											
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks																																											
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification																																											
	<input type="checkbox"/> Provisional Promotion		Attach Nomination																																											
	<input type="checkbox"/> Non-Competitive Class		Attach Application																																											
	<input type="checkbox"/> Exempt Class		Submit This Form Only																																											
	<input type="checkbox"/> Labor Class		Attach Application																																											
	<input type="checkbox"/> Resignation		Submit Signed Resignation																																											
	<input type="checkbox"/> Retirement		Give Effective Date																																											
	<input type="checkbox"/> Deceased		Indicate Date																																											
	<input type="checkbox"/> Removal		Attach Copy of Proceedings																																											
<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks																																												
Terminations	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks																																											
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks																																											
	<input type="checkbox"/> Transfer		Give Facts Under Remarks																																											
	<input type="checkbox"/> Demotion		Give Facts Under Remarks																																											
	<input type="checkbox"/> Suspension		Give Facts Under Remarks																																											
Other Changes	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks																																											
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks																																											
	<input type="checkbox"/> New Position		Submit Form																																											
	<input type="checkbox"/> Change in Salary		Indicate New Salary																																											
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks																																											
	<input type="checkbox"/> Other		Give Facts Under Remarks																																											
	Remarks:																																													
	Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>8/25/23</u>																																											
	Title: Business Manager																																													
	Address: 25 Kniskern Ave. Mechanicville, NY 12118																																													
Certificate valid until:		Date: <i>R. Lindeman</i>																																												
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Lmv. Subject to any limitation or condition specified above.</i>																																														
By: <i>Jodi A Birch</i>		Date: 8/16/23																																												

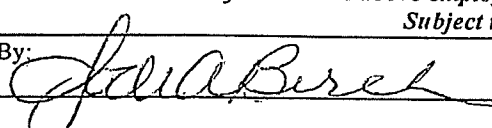
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Kayla Edwards	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>7/14/23</u>	
Certificate valid until:		Date: <u>R. Lindeman</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Jodi A. Birch</u>		Date: <u>7/10/23</u>	

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Samantha Niles		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		DATE 7/14/23 Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 		Date: 7/10/23	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Priscilla Howland			Social Security Number:
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 7/14/23 R-Lindemann	
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>			Date: 7/10/23

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Courtney Groves			Social Security Number:
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 7/14/23 <i>R. Lindemann</i>
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>			Date: 7/10/23

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Lindsay Jenkins	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
	Terminations	<input type="checkbox"/> Resignation	
<input type="checkbox"/> Retirement			Give Effective Date
<input type="checkbox"/> Deceased			Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE 7/14/23 Date: R. Lindeman	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: Jodi A Birch		Date: 7/10/23	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Jami King		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 9/7/23 To 6/25/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		7/19/23	
Certificate valid until:		Date: R-Indtmen	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>		Date: 7/10/23	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Casey Hollenbeck					Social Security Number:		
Address:							
Title of Position: Teacher Aide						Salary: \$14.63	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer		
	<input type="checkbox"/> Permanent				Return Report of Certification		
	<input type="checkbox"/> Provisional				Attach Application		
	<input checked="" type="checkbox"/> Temporary		From 9/7/23 To 6/25/24		State Length of Employment		
	<input type="checkbox"/> For Term of Office		From To		Give Facts Under Remarks		
	<input type="checkbox"/> Permanent Promotion				Return Report of Certification		
	<input type="checkbox"/> Provisional Promotion				Attach Nomination		
	<input type="checkbox"/> Non-Competitive Class				Attach Application		
	<input type="checkbox"/> Exempt Class				Submit This Form Only		
	<input type="checkbox"/> Labor Class				Attach Application		
Terminations	<input type="checkbox"/> Resignation				Submit Signed Resignation		
	<input type="checkbox"/> Retirement				Give Effective Date		
	<input type="checkbox"/> Deceased				Indicate Date		
	<input type="checkbox"/> Removal				Attach Copy of Proceedings		
	<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks		
Other Changes	<input type="checkbox"/> Military Leave of Absence				Give Facts Under Remarks		
	<input type="checkbox"/> Other Leave of Absence		From To		Give Facts Under Remarks		
	<input type="checkbox"/> Transfer				Give Facts Under Remarks		
	<input type="checkbox"/> Demotion				Give Facts Under Remarks		
	<input type="checkbox"/> Suspension				Give Facts Under Remarks		
	<input type="checkbox"/> Reinstatement				Give Facts Under Remarks		
	<input type="checkbox"/> Change in Classification				Give Facts Under Remarks		
	<input type="checkbox"/> New Position				Submit Form		
	<input type="checkbox"/> Change in Salary				Indicate New Salary		
	<input type="checkbox"/> Change in Name				Give Facts Under Remarks		
<input type="checkbox"/> Other				Give Facts Under Remarks			
Remarks:							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED <small>DATE</small> 7/14/23 <small>DATE</small> <i>K. Lindemann</i>	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date: <i>K. Lindemann</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>						Date: 7/10/23	

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position: Melissa Wallace, Senior Library Clerk

Name of Employee: Hailey Halse Social Security Number: _____

Address: _____

Title of Position: Clerk Salary: \$14.20 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input type="checkbox"/> Non-Competitive Class			Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input checked="" type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<u>6-26-23</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks: _____ **MECHANICVILLE CIVIL SERVICE COMMISSION**

Appointing Officer: Michelle L. Duell **RECEIVED**

Title: Director DATE: 6/30/23

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: _____ Date: _____

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

By: Michelle L. Duell Date: 6-26-23

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Mechanicville District Public Library</u>				
Name And Title of Last Employee In Position :				
Name of Employee: <u>Joseph Owens</u>		Social Security Number:		
Address: .				
Title of Position: <u>Cleaner</u>		Salary: <u>\$15.00 per hr.</u>		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> Substitute	From	To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input checked="" type="checkbox"/> Resignation		<u>8-15-23</u>	Submit Signed Resignation <u>Text message</u>
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: <u>Michelle L. Duell</u>		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: <u>Director</u>		RECEIVED		
Address: <u>190 N. Main St. Mechanicville NY 12118</u>		DATE: <u>7/28/23</u>		
Certificate valid until:		Date: <u>R. Lindeman</u>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <u>Michelle L. Duell</u>		Date: <u>7-1-23</u>		

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position : --

Name of Employee: Kayla Whispell Social Security Number: _____

Address: _____

Title of Position: Clerk Salary: \$11.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	<u>8-4-2023</u>	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: 518-779-5605

Appointing Officer: Michelle Durell

Title: Director

Address: 190 N. Main St. Mechanicville Ny 12118

Certificate valid until: _____ Date: 8/11/23

*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.*

By: Michelle L Durell Date: 8-8-23

R. Lindemann
**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position: . . .

Name of Employee: Ambrina Jackson Social Security Number: (

Address:

Title of Position: Check Salary: \$ 15.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	<u>8-4-2023</u>	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: 518-653-4147

Appointing Officer: Michelle L Duell R. Lindemann
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Director **RECEIVED**

Address: 190 H. Main St. Mechanicville NY 12048 DATE 8/11/23

Certificate valid until: _____ Date: _____

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

By: Michelle L Duell Date: 8-7-23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Heather Clements Social Security Number: _____

Address: _____

Title of Position: Clerk Salary: \$17.00 per hr

Non-Veteran <input type="checkbox"/>	Veteran <input type="checkbox"/>	Disabled Veteran <input type="checkbox"/>	Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From	To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input checked="" type="checkbox"/> Change in Salary		<u>7-1-23</u>	Indicate New Salary <u>\$19.00 per hr.</u>
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	

Remarks:

Appointing Officer: Michelle Duen

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: _____ Date: _____

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 7/28/23
R. J. [Signature]

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

By: Michelle K. Duen Date: 7-1-23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Michelle L. Duell | Social Security Number:

Address: ~

Title of Position: Director | Salary: 85,000.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input type="checkbox"/> Non-Competitive Class			Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-23</u>	Indicate New Salary <u>\$90,000.00</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks:

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: | Date: R. Lentemann

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 7/28/23

*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.*

By: Michelle L. Duell | Date: 7-1-23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Ambria Jackson Social Security Number:

Address:

Title of Position: Clerk Salary: \$14.20 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only.
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-2023</u>	Indicate New Salary <u>15.00 per hr.</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks:

Appointing Officer: Michelle L. Duell

Title: Director

Address: 190 H. Main St. Mechanicville NY 12118

Certificate valid until: DATE: 7/28/23

*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.*

By: Michelle L. Duell Date: 7-1-23

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

R. Lindeman

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Stephanie Liotta Social Security Number:

Address:

Title of Position: Clerk Salary: \$14.20 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-2023</u>	Indicate New Salary <u>\$15.00 per hr.</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: 518-937-5733

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until:

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 7/28/23

Date: R. Lindemann

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

By: Michelle R Duell

Date: 7-1-23

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Mechanicville District Public Library</u>			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Carrie S. Shepant-Motta</u>	Social Security Number:		
Address:			
Title of Position: <u>Clerk</u>	Salary: <u>\$12.00 per hr.</u>		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input checked="" type="checkbox"/> Change in Salary	<u>7-1-23</u>	Indicate New Salary <u>18.00 per hr.</u>
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: <u>Michelle Duell</u>		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED <i>R. Lindemann</i>	
Title: <u>Director</u>			
Address: <u>190 N. Main St. Mechanicville NY 12118</u>			
Certificate valid until:		Date: <u>7/28/23</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Michelle L Duell</u>		Date: <u>7-1-23</u>	

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville Housing Authority

Name And Title of Last Employee In Position:

Name of Employee: John J. Brue Social Security Number:

Address:

Title of Position: PT Seasonal laborer Salary: \$14.20 hour

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/>	Permanent	
<input type="checkbox"/>	Provisional		Attach Application
<input checked="" type="checkbox"/>	Temporary	From <u>5/04/2023</u> To <u>10/01/23</u>	State Length of Employment
<input type="checkbox"/>	Substitute	From To	Give Facts Under Remarks
<input type="checkbox"/>	For Term of Office	From To	Give Facts Under Remarks
<input type="checkbox"/>	Permanent Promotion		Return Report of Certification
<input type="checkbox"/>	Provisional Promotion		Attach Nomination
<input type="checkbox"/>	Non-Competitive Class		Attach Application
<input type="checkbox"/>	Exempt Class		Submit This Form Only
<input type="checkbox"/>	Labor Class		Attach Application
Terminations	<input type="checkbox"/>	Resignation	Submit Signed Resignation
	<input type="checkbox"/>	Retirement	Give Effective Date
	<input type="checkbox"/>	Deceased	Indicate Date
	<input type="checkbox"/>	Removal	Attach Copy of Proceedings
	<input type="checkbox"/>	Layoff (lack of work or funds)	Give Facts Under Remarks
Other Changes	<input type="checkbox"/>	Military Leave of Absence	Give Facts Under Remarks
	<input type="checkbox"/>	Other Leave of Absence	From To Give Facts Under Remarks
	<input type="checkbox"/>	Transfer	Give Facts Under Remarks
	<input type="checkbox"/>	Demotion	Give Facts Under Remarks
	<input type="checkbox"/>	Suspension	Give Facts Under Remarks
	<input type="checkbox"/>	Reinstatement	Give Facts Under Remarks
	<input type="checkbox"/>	Change in Classification	Give Facts Under Remarks
	<input type="checkbox"/>	New Position	Submit Form
	<input type="checkbox"/>	Change in Salary	Indicate New Salary
	<input type="checkbox"/>	Change in Name	Give Facts Under Remarks
<input type="checkbox"/>	Other	Give Facts Under Remarks	

Remarks:

Appointing Officer: John Enzien

Title: Executive Director

Address: 2 Harris Ave. Sunderland, Mechanicville, NY. 12118

Certificate valid until: _____ Date: _____

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

By: [Signature] Date: 5/24/2023

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**
7/1/23 R. Lendeman

TITLE OF ELIGIBLE LIST
Occupancy Specialist - #64327

**MECHANICVILLE
CIVIL SERVICE COMMISSION**

Prepared by Rose Ann Lindemann
Checked by Dawnmarie Robens

Date List Established: 6-Sep-23
Expiration Date: 6-Sep-26
By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Jacqueline McClements		85	0	85			

TITLE OF ELIGIBLE LIST
Safety Liaison #68992

MECHANICVILLE
CIVIL SERVICE COMMISSION

Prepared by Rose Ann Lindemann
 Checked by Dawnmarie Robens

Date List Established: 6-Sep-23
 Expiration Date: 6-Sep-26
 By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	David Petrie		95	0	95			

TITLE OF ELIGIBLE LIST
Senior Library Clerk - #69267

MECHANICVILLE
CIVIL SERVICE COMMISSION

Prepared by Rose Ann Lindemann *RAL*
 Checked by Dawnmarie Robens *DR*

Date List Established: 6-Sep-23
 Expiration Date: 6-Sep-26
 By Commission Action

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Heather Clements		100	0	100			
2	Carrie Shpunt-Motta		90	0	90			