

**Mechanicville Civil Service Commission  
Meeting Agenda**

**April 5, 2023**

**4:00 p.m.**

- 1) Roll Call
- 2) Approval of minutes of March 1, 2023
- 3) Communications
- 4) **MSD 426-A – Report of Personnel Changes**

**City of Mechanicville**

- a) Christopher Alonzo was appointed as Part-time Police Officer (NC) effective 3/16/23
- b) Nicholas Swanson was appointed as Part-time Police Officer (NC) effective 3/16/23
- c) Stephen Doty was appointed as Laborer (L) effective 3/9/23

**Mechanicville Library**

- a) Elizabeth Kuzmich resigned as Children’s Librarian effective 4/6/23

**Mechanicville School District**

- a) Hailey Agars was removed as Teacher Aide effective 2/3/23
- b) Paula Boardman submitted her retirement date as Cleaner effective 7/14/23
- c) Vanessa Fink was appointed as Temporary Teacher Aide (NC) from 11/4/22 to 6/23/23
- d) Kayla Jones was appointed as Food Service Worker (L) effective 2/13/23
- e) Olivia Hernandez resigned as Teacher Aide effective 7/25/22
- f) Olivia Hernandez was appointed as Temporary Teacher Aide (NC) from 11/28/22 to 6/23/23
- g) Priscilla Howland was appointed as Teacher Aide effective 3/3/23
- h) Beth Maioriello-Bornt resigned as Typist effective 2/22/23 and was appointed as Administrative Secretary (Provisional) effective 2/23/23
- i) Darlene Morelli retired as Bus Attendant effective 2/26/23
- j) Stacy Rorick resigned as Food Service Worker effective 2/6/23
- k) Hannah Sowle was removed as Teacher Aide effective 2/3/23
- l) Breanna Toleman resigned as Teacher Aide effective 2/24/23

5.) Old Business:

Examinations were held March 4, 2023 for Library Clerk, Safety Liaison and Occupancy Specialist

6.) New Business:

Chairperson Robens and Secretary Lindemann scheduled to attend the Annual NYSAPCSO Training Conference May 7 – 10 in Saratoga Springs

Approval of Eligible List for Library Clerk

Approval of Payroll Certification for Mechanicville Library, Mechanicville Housing Authority, and City of Mechanicville

Exams were ordered for Transportation Supervisor, Administrative Secretary and Police Officer

7.) Appearances

8.) Next Meeting May 3, 2023

9.) Adjournment

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City <input checked="" type="checkbox"/> <b>Mechanicville</b> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: <b>Mechanicville Police Department</b>					
Name And Title of Last Employee In Position :					
Name of Employee: <b>ALONZO, CHRISTOPHER</b>		Social Security Number:			
Address:					
Title of Position: <b>Police Officer Part Time Non-Competitive</b>		Salary: <b>\$25.00</b>			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent			Return Report of Certification	
	<input type="checkbox"/> Provisional			Attach Application	
	<input type="checkbox"/> Temporary		From To	State Length of Employment	
	<input type="checkbox"/> 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		03/16/2023	Attach Application	
	<input type="checkbox"/> Exempt Class			Submit This Form Only	
	<input type="checkbox"/> Labor Class			Attach Application	
	<b>Terminations</b>	<input type="checkbox"/> Resignation			Submit Signed Resignation
		<input type="checkbox"/> Retirement			Give Effective Date
		<input type="checkbox"/> Deceased			Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings		
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks		
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks		
<b>Remarks:</b>					
Appointing Officer: Michael Butler		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>			
Title: Mayor		<b>RECEIVED</b>			
Address: 36 North Main Street, Mechanicville, NY 12118		DATE <u>3/20/23</u> <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>Michael J. Butler</i>		Date: <b>03/16/2023</b>			

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City <input checked="" type="checkbox"/> <b>Mechanicville</b> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <b>Mechanicville Police Department</b>				
Name And Title of Last Employee In Position :				
Name of Employee: <b>SWANSON, NICHOLAS J.</b>		Social Security Number:		
Address				
Title of Position: <b>Police Officer Part Time Non-Competitive</b>			Salary: <b>\$25.00</b>	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> 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		03/16/2023	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:				
<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>				
Appointing Officer: Michael Butler				
Title: Mayor				
Address: 36 North Main Street, Mechanicville, NY 12118				
Certificate valid until:			Date: <i>R. Tindeman</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: 03/16/2023	

## Supplementary Payroll Certification and Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Mechanicsville DPW

Name And Title of Last Employee In Position: Patrick C. Spambert

Name of Employee: Stephen Doty Social Security Number: \_\_\_\_\_

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

Title of Position: Laborer Salary: 19.88 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 checked="" type="checkbox"/> Labor Class	<u>3/9/23</u>	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
	<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: Patrick C. Spambert

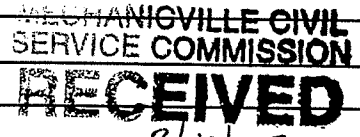
Title: Commissioner DPW

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

Certificate valid until: \_\_\_\_\_ Date: 3/10/23

*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: Patrick C. Spambert Date: 3/10/23



**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: <u>Katherine Federiconi, Childrens Librarian</u>				
Name of Employee: <u>Elizabeth Kuzmich</u>		Social Security Number: _____		
Address: _____				
Title of Position: <u>Children's Librarian</u>			Salary: <u>@19.00 per hr.</u>	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From _____ To _____	State Length of Employment
	<input type="checkbox"/> 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		<u>4-6-23</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: _____				
Appointing Officer: <u>Michelle Duell</u>			<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b>	
Title: <u>Director</u>				
Address: <u>190 N. Main St., Mechanicville NY 12118</u>				
Certificate valid until: _____			Date: <u>2/28/23</u> <u>A. Linderman</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>2-23-23</u>	

Ms. Michelle Duell, Director  
Mechanicville District Public Library  
190 North Main Street  
Mechanicville, NY 12118

February 18, 2023

Dear Michelle,

Please accept this letter as notice of my resignation of the position of Children and Teen Services Librarian, effective April 6, 2023.

I have enjoyed my interactions with the Mechanicville Public Library patrons, the entire staff and the community at large, and appreciate the opportunity that this position has given me. I am especially thankful that this position allowed me to build a stronger connection between the school and the public library, especially with teen patrons. I look forward to continuing to work with the public library as part of my position as Mechanicville City School District's librarian.

Sincerely,

  
Elizabeth Trabka Kuzmich

MECHANICVILLE CIVIL  
SERVICE COMMISSION

**RECEIVED**

DATE 2/28/23

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: \_\_\_\_\_

Name And Title of Last Employee In Position : \_\_\_\_\_

Name of Employee: **Hailey Agars** Social Security Number: \_\_\_\_\_

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

Title of Position: **Teacher Aide** Salary: \_\_\_\_\_

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			
<input type="checkbox"/> Provisional				Attach Application
<input type="checkbox"/> Temporary		From	To	State Length of Employment
<input type="checkbox"/> For Term of Office		From	To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion				Return Report of Certification
<input type="checkbox"/> Provisional Promotion				Attach Nomination
<input type="checkbox"/> Non-Competitive Class				Attach Application
<input type="checkbox"/> Exempt Class				Submit This Form Only
<input type="checkbox"/> Labor Class				Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input checked="" type="checkbox"/> Removal		2/3/23	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**

Title: **Business Manager**

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

**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**

DATE 3/6/23 R-Lindemann

Certificate valid until: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: *Jodi A. Birch* Date: 3/2/23



**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: <b>Paula Boardman</b>		Social Security Number:	
Address:			
Title of Position: <b>Cleaner</b>			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	7/14/23	Submit Signed Resignation
	<input checked="" 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		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: Business Manager		<b>RECEIVED</b>	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		Date: <u>3/6/23</u> <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: <u>3/2/23</u>	



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

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(no subject)

3 messages

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

Wed, Feb 8, 2023 at 2:59 PM

I am changing my retirement date to July 14 ,2023

Sent from my iPhone

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

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

Wed, Feb 8, 2023 at 3:49 PM

[Quoted text hidden]

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*Cathy O'Brien*

Executive Assistant to the Superintendent

District Clerk

(518) 664-5727 ext. 1103



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Birch, Jodi <jbirch@mechanicville.org>

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

Wed, Feb 8, 2023 at 3:51 PM

Thank you!

[Quoted text hidden]

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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: <b>Vanessa Fink</b>	Social Security Number:			
Address:				
Title of Position: <b>Teacher Aide</b>	Salary: <b>\$14.11</b>			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input checked="" type="checkbox"/> Temporary	From 11/4/22 To 6/23/23	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
<b>Remarks:</b>				
Appointing Officer: <b>Jodi A. Birch</b>		<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b> <small>DATE 3/8/23 R. Lindeman</small>		
Title: <b>Business Manager</b>				
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>				
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: <b>1/9/23</b>		

**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: <b>Kayla Jones</b>	Social Security Number:			
Add:				
Title of Position: <b>Food Service Worker</b>	Salary: <b>\$14.20/hr</b>			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input checked="" type="checkbox"/> Permanent	Probationary 2/13/23	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	
	<b>Terminations</b>	<input type="checkbox"/> Resignation		Submit Signed Resignation
		<input type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
<b>Remarks:</b>				
Appointing Officer: Jodi A. Birch		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b> DATE <u>3/6/23</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: <u>2/24/23</u>		

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department:

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  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input type="checkbox"/> Non-Competitive Class			Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<b>7/25/22</b>	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: \_\_\_\_\_

**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**

DATE 3/10/23  
Date: R. Padernani

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

By: Jodi A. Birch Date: **3/10/23**

Dear Christopher Turico,

I am writing to formally notify you of my resignation from the position of Teachers Aid with Mechanicville CSD. My final day will be July 25th, 2022. I have taken an opportunity making a great deal more per hour. With economics being tough right now this opportunity was great and I couldn't turn it down.

I have thoroughly enjoyed my time here with Cole, the staff and all the other students. I would like to thank you for all of the opportunities I have been afforded here.

Sincerely,  
Olivia Hernandez  
518-949-0756

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**

DATE 3/10/23

**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: Olivia Hernandez					Social Security Number:		
Address:							
Title of Position: Teacher Aide						Salary: \$14.11	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	<b>Check Nature Of Personnel Change</b>			<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent					Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input checked="" type="checkbox"/> Temporary			From 11/28/22 To 6/23/23		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						<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b> DATE <u>3/6/23</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: 1/9/23	

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department:

Name And Title of Last Employee In Position :

Name of Employee: Priscilla Howland Social Security Number:

Address: 8

Title of Position: Teacher Aide Salary: \$14.20/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		3/3/23
<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

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: Date:

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

By: *Jodi A. Birch* Date: 3/10/23

MECHANICVILLE CIVIL  
SERVICE COMMISSION  
**RECEIVED**

3/10/23



**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: <b>Beth Majoriello-Bornt</b>	Social Security Num---			
Address				
Title of Position: <b>Typist</b>	Salary:			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>	
	<input type="checkbox"/> Permanent		Return Report of Certification.	
	<input checked="" 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	<b>2/22/23</b>	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:		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b> DATE: <u>3/6/23</u>		
Appointing Officer: <b>Jodi A. Birch</b>				
Title: <b>Business Manager</b>				
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>				
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>Jodi A. Birch</i>		Date: <b>3/2/23</b>		



Bornt, Beth <bbornt@mechanicville.org>

**Re: congratulations**

1 message

**Bornt, Beth** <bbornt@mechanicville.org>  
To: "O'Brien, Catherine" <cobrien@mechanicville.org>

Tue, Feb 14, 2023 at 11:21 AM

Good Morning Cathy,

Please accept this correspondence as my resignation in the position of Typist effective the close of business 2/22/23. My resignation is as a result of my anticipation of an appointment as an Administrative Secretary beginning 2/23/23.

Thank you,

Beth Bornt

On Mon, Feb 13, 2023 at 2:52 PM Bornt, Beth <bbornt@mechanicville.org> wrote:  
No prob!

On Mon, Feb 13, 2023 at 2:50 PM O'Brien, Catherine <cobrien@mechanicville.org> wrote:  
Awesome, thank you so much!

On Mon, Feb 13, 2023 at 2:48 PM Bornt, Beth <bbornt@mechanicville.org> wrote:  
Ok I will get it done!

On Mon, Feb 13, 2023 at 2:46 PM O'Brien, Catherine <cobrien@mechanicville.org> wrote:  
You can just email it to me, you don't need to address it to anyone in particular. I will get it on the agenda for March

On Mon, Feb 13, 2023 at 2:45 PM Bornt, Beth <bbornt@mechanicville.org> wrote:

Thank you and sure!

Do I address it to Kevin?

Beth

On Mon, Feb 13, 2023 at 2:42 PM O'Brien, Catherine <cobrien@mechanicville.org> wrote:

Hi Beth,  
Congratulations on your upcoming appointment beginning 2/23- please send me a resignation from your current position effective close of business on 2/22 (you can state you are resigning in anticipation of appointment as Administrative Secretary)

Thanks!

--

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



--

Beth Bornt

**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: <b>Beth Maioriello-Bornt</b>	Social Security Number:		
Address:			
Title of Position: <b>Administrative Secretary</b>	Salary: <b>\$41,086.50/yr</b>		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	<b>2/23/23</b>	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: <b>Jodi A. Birch</b>		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: <b>Business Manager</b>		<b>RECEIVED</b>	
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>		DATE: <b>3/6/23</b>	
Certificate valid until:		Date: <i>R. Lentemann</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: <b>3/2/23</b>	

## 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: <b>Darlene Morelli</b>		Social Security Number:	
Address:			
Title of Position: <b>Bus Attendant</b>			Salary: <b>\$19.07/hour</b>
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 checked="" type="checkbox"/> Retirement	02/26/2023	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: <b>Jodi A. Birch</b>		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: <b>Business Manager</b>		<b>RECEIVED</b>	
Address: <b>25 Kniskern Ave.      Mechanicville, NY 12118</b>		DATE <b>3/6/23</b> <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>Jodi A. Birch</i>		Date: <b>2/21/23</b>	

February 19, 2023

To whom it may concern,

I, Darlene Morelli, am retiring on February 26, 2023. I have decided due to unforeseen circumstances that this is the best option for me. I am interested in being a substitute bus attendant if possible as time goes on. Thank you for accepting this as my notice of retirement to the Mechanicville City school district. Thank you for the time I have been able to serve and experience.

Thank you,

*Darlene Morelli*

Darlene Morelli

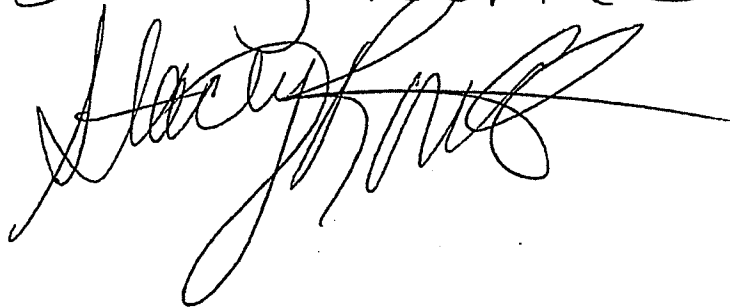
**Supplementary Payroll Certification and  
Report of Personnel Change**

*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: <b>Stacy Rorick</b>			Social Security Number:
Address:			
Title of Position: <b>Food Service Worker</b>			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
<b>Terminations</b>	<input checked="" type="checkbox"/> Resignation	2/6/23	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
<b>Other Changes</b>	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: <b>Jodi A. Birch</b>			<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>
Title: <b>Business Manager</b>			<b>RECEIVED</b>
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>			DATE <u>3/6/23</u> <i>H. 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: <u>3/2/23</u>

To whom it may concern:

I'm writing to let you know that as of 2/6/23, I have finished my time working with the district. I resign my position as of the end of the business day.

Thank You  
Stacey Rorick  


**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: <b>Hannah Sowle</b>			Social Security Number:	
Address:				
Title of Position: <b>Teacher Aide</b>			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From To		State Length of Employment
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks
	<input 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
<b>Terminations</b>	<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 checked="" type="checkbox"/> Removal		2/3/23	Attach Copy of Proceedings
<b>Other Changes</b>	<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	
<b>Remarks:</b>				
Appointing Officer: <b>Jodi A. Birch</b>			<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: <b>Business Manager</b>			<b>RECEIVED</b>	
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>		DATE	<u>3/6/23</u> <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>Jodi A. Birch</i>			Date: <u>3/2/23</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: Breanna Toleman		Social Security Number:		
Address:				
Title of Position: Teacher Aide		Salary: \$14.25 per hour		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary	From To		State Length of Employment
	<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks
	<input 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		02/24/2023	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: Jodi A. Birch		<b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>		
Title: Business Manager		<b>RECEIVED</b>		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>3/6/23</u> <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>Jodi A Birch</i>		Date: <u>2/14/23</u>		

Breanna Toleman

February 10th, 2023

Mechanicville City School District  
25 Kniskern Ave  
Mechanicville  
NY 12118

Dear Mr. Don Dieckmann & the Mechanicville CSD Admin Team,

Please accept this letter as a formal notice of my resignation from my position as a Teacher Aide at Mechanicville Elementary School. My last day of employment will be February 24th, 2023.

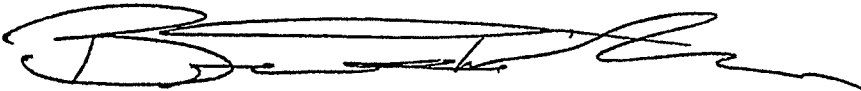
Thank you for giving me the opportunity to work in this position for I have learned so much about myself and my chosen career path. The Mechanicville community has been my home for 28 years and it was a privilege to begin my career in education here as well. I have thoroughly enjoyed working with every single student and staff within our building and appreciate all of the opportunities you have given me. However, it is with a very heavy heart that I have decided it is time for me to move on to my next challenge.

I would like to do anything I can to help with the transition, including wrapping up my responsibilities and training other team members. If I can be of any other assistance to the staff and students during this time, please let me know.

Thank you again for the opportunity, and I wish you and the Mechanicville Elementary team all the best for the future. Should the opportunity arise and a Teaching Assistant position becomes available I will eagerly apply to be part of this team once again.

Yours sincerely,

Breanna Toleman

A handwritten signature in black ink, appearing to read 'Breanna Toleman', with a long, sweeping underline.

**TITLE OF ELIGIBLE LIST**  
**Library Clerk - Exam 23-1**

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

**MECHANICVILLE  
 CIVIL SERVICE COMMISSION**

Date List Established: 5-Apr-23  
 Expiration Date: 5-Apr-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	Kayla Whispell	112 N 4th Ave. Mechanicville NY 12118	90	0	90			
2	Ambria Jackson	392 S Main St. Mechanicville NY 12118	85	0	85			
3	Hailey Halse	125 Pittsburgh Ave. Mechanicville NY 12118	80	0	80			

**City of Mechanicville**  
**Municipal Civil Service Commission**

4 Industrial Park Road  
Mechanicville, NY 12118  
(518) 664-7171 ext. 107

**Dawnmarie Robens**, Chairperson  
**Donna Peluso**, Commissioner  
**James Thompson**, Commissioner  
**Rose Ann Lindemann**, Secretary

**TO: Memorandum for Record**  
**Mechanicville Public Library- ending 1/31/24**

**FROM: Dawnmarie Robens** *DR*

**DATE: February 28, 2023**

**RE: Certification of the Mechanicville Civil Service Commission**

.....

The Civil Service Commission hereby certifies that the employees named in this payroll have been appointed to or promoted or employed in the positions and places and rates of compensation shown, in accordance with Civil Service Law and Rules made in pursuance thereof, and are certified through 1/31/2024 unless otherwise noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the Service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall take place.

The Commission truly appreciates your efforts on behalf of Mechanicville Public Library to achieve Civil Service compliance. We look forward to continuing to work with you.

DMR/ral

cc: Michelle Duell

Mechanicville District Public Library

Employee List

Civil Service Payroll Certification

Name	Position	Rate	Hours per week
✓ Heather Clements	Clerk	\$17.00 hour	19
✓ Michelle Duell	Director	\$3,541.67	35
✓ Ambria Jackson	Clerk	\$14.20 hour	12
✓ Elizabeth Kuzmich	Childrens Lib	\$19.00 hour	12
✓ Stephanie Liotta	Clerk	\$14.20 hour	13
✓ Joseph Owens	Cleaner	\$15.00 hour	6
✓ Josephine Pisculli	Clerk	\$14.20 hour	10
✓ Carrie Shpunt-Motta	Clerk	\$16.00 hour	19
✓ Melissa Wallace	Sen. Lib. Clerk	\$18.00 hour	19

# Worksheet

Employee Information	Regular Hours	Salary Amount	Overtime Hours	Vacation Hours	Sick Hours	Personal Hours	Holiday Hours	Bonus Amount	Misc. Amount	Notes
Clements, Heather L Rate: 17.00	41.75	3,541.67								
DUELL, MICHELLE L Rate: 17.00	30.25									
Jackson, Ambria L Rate: 14.20	28									
Kuznitch, Elizabeth A Rate: 19.00	24.25				2.25					
Lotta, Stephanie Rate: 14.20	30.5									
Owens, Joseph J Rate: 15.00	5									
Pisculli, Josephine Rate: 14.20	20.5									
Shipunt-Motta, Carrie S Rate: 16.00	43									
WALLACE, MELISSA Rate: 18.00	40.									
PLEASE TOTAL ALL COLUMNS	233				2.25					

Company: MECHANICVILLE DISTRICT  
PUBLIC

Frequency: Semimonthly

Check date: 2/15/2023

Pay Period from: 2/1/2023 to: 2/15/2023

Certification of Mechanicville Civil Service Commission:

I hereby certify that, with the exceptions as shown, the employees named in this estimate, payroll or account containing \_\_\_\_\_9\_\_\_\_\_ names, have been appointed to or promoted to or employed in the positions, and places, and at the rates of compensation shown, in accordance with the Civil Service Law and the rules made in pursuance thereof, and are members of an appropriate retirement system where such persons are members by mandate in accordance with the retirement and social security law, and are certified through 1/31/24 unless noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall have taken place.

Date 3/3/2023

Signature Rose Ann Lindemann

Title Secretary

Exceptions: \_\_\_\_\_

**City of Mechanicville**  
**Municipal Civil Service Commission**

4 Industrial Park Road  
Mechanicville, NY 12118  
(518) 664-7171 ext. 107

**Dawnmarie Robens**, Chairperson  
**Donna Peluso**, Commissioner  
**James Thompson**, Commissioner  
**Rose Ann Lindemann**, Secretary

**TO: Memorandum for Record**  
**Mechanicville Housing Authority - ending 1/31/24**

**FROM: Dawnmarie Robens, Chairperson** DR

**DATE: February 28, 2023**

**RE: Certification of the Mechanicville Civil Service Commission**

.....

The Civil Service Commission hereby certifies that the employees named in this payroll have been appointed to or promoted or employed in the positions and places and rates of compensation shown, in accordance with Civil Service Law and Rules made in pursuance thereof, and are certified through 1/31/2024 unless otherwise noted. Please note that when any person whose name appears on the estimate, payroll or account shall have been separated from the Service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall take place.

The Commission truly appreciates your efforts on behalf of Mechanicville Housing Authority to achieve Civil Service compliance. We look forward to continuing to working with you in this regard.

DMR/ral

cc: John Enzien



All Salaried employees - 3% raise effective 11/1/2023

Employee Summary Brueckley - based on 26 pay periods in 2023

Employee Information			Earnings			Taxes			Deductions			Disbursement Type		
Description	YTD Amount	YTD Hours	Description	Withholding Overrides	YTD Amount	Description	Per Pay	YTD Amount	Description	Per Pay	YTD Amount	Description	Per Pay	YTD Amount
<b>BRUECKLEY</b>														
Brundage, Donald G	810.75	0.00	Single/Standard		27.81	New York	0.50%	1.20	Deposited 693.41		1.20	Checking		1.20
Home			Single/Head of Household/00		50.27	voluntary			TRUSTCO BANK			Checking		
Hourly: 25.0000					11.76	disability			TRUSTCO BANK			Checking		
SSN: xxx-xx-xxxx					22.61				Acct No: xxx05481					
Hire Date: 8/31/2020					3.69									
<b>Part Time</b>														
Department 2 - Maintenance														
Status: Active														
Emp Type: Part time														
<b>Enzien, John A</b>														
mechanicville, NY 12118	20,847.84	0.00	Single/0		3,472.72	New York	0.50%	4.80	Deposited 13284.31		4.80	Checking		4.80
Home Phone:	0.00		Single/Head of Household/0-0		1,287.05	voluntary			TRUSTCO BANK			Checking		
Mobile:	0.00				301.00	disability			SEFCU			Checking		
Salary Per Pay: 5211.96					1,063.36	Health			86.56	Acct No: xxxxxxxx9021		Check		
SSN: xxx-xx-xxxx					94.84	Dental			2.36					
Hire Date: 1/1/1999					457(b) plan	Insurance			1,250.84					
Department 1 - Umice														
Status: Active														
Emp Type: Full time														
<b>McClements, Jacqueline A</b>														
	7,663.24	0.00	Single/Standard		561.89	New York	0.50%	4.80	Deposited 400.00		4.80	Checking		4.80
Home Phone:	0.00		Add: \$0.00		voluntary				TRUSTCO BANK			Checking		
Mobile:	27.77		Ded: \$0.00 Dep		Health				588.56	Acct No: xxx05753		Checking		
Salary Per Pay: 1923.31			Credit: \$0.00		Insurance				147.14	Deposited 5096.48		into		
SSN: xxx-xx-xxxx			Other Income:		Dental				2.35	9.40	Checking			
Hire Date: 8/2/2021					439.91	Insurance			38.00	152.00	Acct No: xxx05313			
Department 1 - Umice														
Status: Active														
Emp Type: Full time														
<b>McCormack, Nancy M</b>														
	1,047.89	0.00	Married/0		0.00	New York	0.50%	3.60	Deposited 597.09		3.60	Checking		3.60
Home Phone:	32.88		FT - Addtl		voluntary				389.49	Check		Checking		
Mobile:			\$0.00		disability				129.83			Checking		
Hourly: 31.8700					40.82	Health			2.57			Checking		
SSN: xxx-xx-xxxx					9.55	Insurance			4.77			Checking		
Department 1 - Umice														
Status: Active														
Emp Type: Full time														

Admissions + Continued Occupancy Specialist + nyscas # 40158552

Executive Director nyscas # 38079746

Went increase effective 8/1

Company: MECHANICVILLE HOUSING AUTHORITY  
Year: 2023, Quarter: 1

1 of 3  
Payroll through 2/17/2023

Date Printed: 02/21/2023 12:25  
21156531 - RLNBH

# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type	
Description	YTD Amount	YTD Hours	Description	Withholding/Overrides	YTD Amount	Description	Per Pay	YTD Amount	

Department: 1 - Office  
 Status: Active  
 Emp Type: Part time

Perkins, Michael  
 11111111111111111111  
 Home Phone:  
 Mobile:  
 Salary Per Pay: 2075.96  
 Hourly: 25.9500  
 SSN: xxx-xx-xxxx  
 Hire Date: 5/1/2011

Department: 2 - Maintenance  
 Status: Active  
 Emp Type: Full time

Sturman, Nicole I  
 11111111111111111111  
 Home Phone:  
 Mobile:  
 Salary Per Pay: 1857.23  
 SSN: xxx-xx-xxxx  
 Hire Date: 5/1/2011

Department: 1 - Office  
 Status: Active  
 Emp Type: Full time

Gross: 10,730.03  
 Regular: 8,303.84  
 Overtime: 2,426.19  
 Vacation: 0.00  
 Sick: 0.00  
 Personal: 0.00  
 Holiday: 0.00

0.00 FIT  
 0.00 SOCCSEC  
 62.33 MEDCARE  
 8.00 NY SIT  
 20.00  
 8.00 NY PFL  
 32.00

Single/0  
 Single/Head of Household/0-0-0

1,294.67 New York  
 643.21 voluntary  
 150.43 disability  
 492.67 Health  
 Insurance  
 48.82 Dental  
 Insurance  
 414(n) plan

0.50%  
 86.55  
 2.35  
 3.50%

4.80 Deposited 7249.44 into Checking TD Bank  
 346.20 Acct No: xxxxxx8324  
 9.40  
 400.39

Maintenance laborer  
 Mysers # 614 84309

401.28 New York  
 397.29 voluntary  
 92.82 disability  
 259.88 Health  
 33.80 Insurance  
 Dental  
 Insurance  
 414(n) plan

0.50%  
 246.68  
 8.56  
 3.00%

4.80 Deposited 4795.15 into Checking Bank of America  
 986.72 Acct No: xxxxxxxx8519 Deposited 200.00 into TD Bank  
 34.24 Checking TD Bank  
 222.84 Acct No: xxxxxx7587

ACCOUNT CLEAR  
 NYSSRS # 504 59148

MEANT INCREASE effective 1/1

Pay Frequency Totals:	Bimonthly	FIT	Voluntary	Disability	Health	Insurance	Dental	Loan	414(n) plan	457(b) plan
Gross	\$48,558.57		\$6,758.37							
Regular	\$46,104.71	\$5.31 SOCCSEC	\$2,858.55	\$668.54	\$2,133.41	\$220.92				
Overtime	\$2,426.19	62.33 MEDCARE								
Vacation	\$0.00	15.00 NY SIT								
Sick	\$0.00	50.00 NY PFL								
Personal	\$0.00	21.50								
Holiday	\$0.00	116.00								
Misc pay	\$27.77	0.00								

Total Employees - Bimonthly: 6  
 Company Totals:

Company: MECHANICVILLE HOUSING  
 AUTHORIT  
 Year: 2023, Quarter: 1

# Employee Summary

Employee Information		Earnings			Taxes			Deductions			Disbursement Type
Description	YTD Amount	YTD Hours	Description	YTD Amount	YTD Amount	Description	Per Pay	YTD Amount			
Gross	\$48,558.67		FT	\$5,758.37		New York		\$24.00			
Regular	\$46,104.71	65.31	SOCSECC	\$2,858.55		voluntary					
Overtime	\$2,426.19	62.33	MEDCARE	\$688.54		disability					
Vacation	\$0.00	15.00	NY SIT	\$2,133.41		Health		\$2,397.53			
Sick	\$0.00	50.00	NY PFL	\$220.92		Insurance		\$55.40			
Personal	\$0.00	21.50	Dental			Insurance		\$152.00			
Holiday	\$0.00	116.00	Loan			4-14(h) plan		\$623.23			
Misc pay	\$27.77	0.00	457(b) plan					\$1,250.84			
<b>Total Active Employees - Company: 6</b> <b>Total Employees - Company: 6</b>											

Certification of Mechanicville Civil Service Commission:

I hereby certify that, with the exceptions as shown, the employees named in this estimate, payroll or account containing \_\_\_\_\_6\_\_\_\_\_ names, have been appointed to or promoted to or employed in the positions, and places, and at the rates of compensation shown, in accordance with the Civil Service Law and the rules made in pursuance thereof, and are members of an appropriate retirement system where such persons are members by mandate in accordance with the retirement and social security law, and are certified through 1/31/24 unless noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall have taken place.

Date 3/3/2023

Signature Rose Ann Lindemann

Title Secretary

Exceptions: \_\_\_\_\_

**City of Mechanicville**  
**Municipal Civil Service Commission**

4 Industrial Park Road  
Mechanicville, NY 12118  
(518) 664-9884, Ext. 337

**Dawnmarie Robens**, Chairperson  
**Donna Peluso**, Commissioner  
**James Thompson**, Commissioner  
**Rose Ann Lindemann**, Secretary

**TO:           Memorandum for Record**  
**City of Mechanicville ending 1/31/24**

**FROM:       Dawnmarie Robens, Chairperson** *DR*

**DATE:       March 13, 2023**

**RE:         Certification of the Mechanicville Civil Service Commission**

.....

I hereby certify that the employees named in this payroll have been appointed to or promoted or employed in the positions and places and rates of compensation shown, in accordance with Civil Service Law and Rules made in pursuance thereof, and are certified through 1/31/24 unless otherwise noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the Service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall take place.

The Commission truly appreciates your efforts on behalf of the City of Mechanicville to achieve Civil Service Compliance. If you have any questions in regard to this memo, please contact me.

ral

*City Employee Roster  
February 2023*

EMPLOYEE NAME	POSITION ID	FIRE DATE	PRIMARY POSITION	HQ/MT DEPARTMENT	RATE TYPE	RATE 1
XQ4 Abraham, Marie E	XQ4000190	05/30/2020	Yes	312000-Police Department	H-Hourly	29,7484
XQ4 Allen, Richard M	XQ4000172	03/29/2018	Yes	501000-Highway Administration	H-Hourly	27,8400
XQ4 Baisley, Ethel M	XQ4000232	04/14/2022	Yes	762000-Senior Citizens Center	H-Hourly	15,3400
XQ4 Brady, William D	XQ4000217	09/09/2021	Yes	312000-Police Department	H-Hourly	25,0000
XQ4 Brill, Amanda M	XQ4000136	03/02/2015	Yes	132500-Finance Office	S-Salary	1,827,5000
XQ4 Brown, Patricia L	XQ4000170	02/16/2018	Yes	762000-Senior Citizens Center	H-Hourly	15,3400
XQ4 Bruno, Patrick J	XQ4000169	02/15/2018	Yes	351000-Animal Control	S-Salary	326,5200
XQ4 Burgess, Michael P	XQ4000147	08/27/2016	Yes	312000-Police Department	H-Hourly	29,7484
XQ4 Butler, Michael J	XQ4000215	01/01/2022	Yes	121000-Mayor Office	S-Salary	1,045,5100
XQ4 Cappabianca, June A	XQ4000115	07/21/2008	Yes	149000-Public Works Commission	H-Hourly	23,3800
XQ4 Corono, Matthew G	XQ4000104	05/21/2001	Yes	812000-Sewer Maintenance	H-Hourly	32,4500
XQ4 Craig, Diane L	XQ4000236	08/10/2022	Yes	762000-Senior Citizens Center	H-Hourly	15,3400
XQ4 Debates, Marc I	XQ4000114	12/31/2007	Yes	501000-Highway Administration	H-Hourly	24,0100
XQ4 Dunn, Alexander J	XQ4000128	07/16/2013	No	341000-Fire Department	S-Salary	232,8500
XQ4 Dunn, Alexander J	XQ4000127	07/16/2013	Yes	312000-Police Department	H-Hourly	39,4442
XQ4 Dunn, Matthew J	XQ4000140	07/14/1915	No	341000-Fire Department	S-Salary	39,4442
XQ4 Dunn, Matthew J	XQ4000139	07/14/1915	Yes	312000-Police Department	H-Hourly	232,8500
XQ4 Dunn, Nickolas J	XQ4000216	12/13/2017	Yes	341000-Fire Department	S-Salary	39,4442
XQ4 Foard, Emilia J	XQ4000103	01/01/1998	Yes	131500-Accounts Office	S-Salary	113,1300
XQ4 Garland, Martin E	XQ4000119	01/01/2010	Yes	501000-Highway Administration	H-Hourly	26,4200
XQ4 Gorman, Joyce A	XQ4000187	02/10/2020	Yes	131500-Accounts Office	S-Salary	2,113,8700
XQ4 Grassman, Steven J	XQ4000203	04/16/2021	Yes	312000-Police Department	H-Hourly	17,5000
XQ4 Higgins, Timothy J	XQ4000240	10/17/2022	Yes	501000-Highway Administration	H-Hourly	19,8800
XQ4 Hobbrook, Rachael L	XQ4000126	03/01/2013	Yes	135500-Assessor	H-Hourly	36,6400
XQ4 Hollenbeck, Andrew T	XQ4000221	05/16/2022	Yes	162000-City Hall/Public Bldgs	H-Hourly	15,3400
XQ4 Horn, Donald W	XQ4000223	06/02/2022	Yes	812000-Sewer Maintenance	H-Hourly	24,0100
XQ4 Horner, James T	XQ4000142	01/07/2016	Yes	832000-Water Maintenance	H-Hourly	32,4500
XQ4 Hosley, Frederick H	XQ4000214	01/01/2022	Yes	301000-Public Safety Commission	S-Salary	1,045,5100
XQ4 Johnson, Keith M	XQ4000199	11/05/2020	Yes	132500-Finance Office	S-Salary	1,045,5100
XQ4 Kenyon, Gina M	XQ4000118	01/20/2009	Yes	121000-Mayor Office	S-Salary	1,672,1500
XQ4 Lindeman, Matthew L	XQ4000159	08/14/2017	Yes	312000-Police Department	H-Hourly	33,7562

XQ4	Lindemann, Rose Ann	XQ4000213	01/13/2022	Yes	143000-Civil Service Commission	S-Salary	438,3000
XQ4	McBride, Jordan M	XQ4000161	09/07/2017	Yes	312000-Police Department	H-Hourly	34,6887
XQ4	McClements, Jason R	XQ4000241	10/15/2022	Yes	312000-Police Department	H-Hourly	25,0000
XQ4	Meeger, Robert C	XQ4000112	10/29/2007	Yes	832000-Water Maintenance	H-Hourly	27,8600
XQ4	Murphy, Lyn A	XQ4000193	07/01/2020	Yes	142000-Department of Law	S-Salary	3,485,0200
XQ4	Peluso, Donna M	XQ4000189	05/15/2020	Yes	143000-Civil Service Commission		0,0000
XQ4	Pugliese, John P	XQ4000106	08/08/2002	Yes	312000-Police Department	H-Hourly	36,7091
XQ4	Rabbitt, William J	XQ4000109	03/10/2006	Yes	312000-Police Department	H-Hourly	46,5577
XQ4	Robens, Dawnmarie	XQ4000108	01/01/2004	Yes	143000-Civil Service Commission	S-Salary	552,3300
XQ4	Roy, Aaron M	XQ4000148	09/06/2016	Yes	832000-Water Maintenance	H-Hourly	27,8600
XQ4	Roy, William S	XQ4000195	08/13/2020	Yes	312000-Police Department	H-Hourly	25,0000
XQ4	Seber, Charles M	XQ4000185	01/01/2020	Yes	131500-Accounts Office	S-Salary	1,528,0500
XQ4	Sgambati, Patrick C	XQ4000244	02/01/2015	Yes	149000-Public Works Commission	S-Salary	2,010,5900
XQ4	Shameti, Daniel	XQ4000235	08/08/2022	Yes	312000-Police Department	H-Hourly	25,0000
XQ4	Thompson, James A	XQ4000116	08/15/2008	Yes	143000-Civil Service Commission		0,0000
XQ4	Turner, April	XQ4000243	04/15/2021	Yes	301000-Public Safety Commission	S-Salary	1,199,4700
XQ4	Urkevich, Deborah L	XQ4000144	02/25/2016	Yes	563000-Bus Operation	H-Hourly	17,5800
XQ4	Vandenburgh, John A	XQ4000135	11/11/2014	Yes	513200-Municipal Garage	H-Hourly	27,8600
XQ4	Vandetta, Daniel J	XQ4000152	12/11/2016	Yes	501000-Highway Administration	H-Hourly	21,8800
XQ4	Vredenburgh, Carl J	XQ4000184	09/16/2019	Yes	162000-City Hall/Public Bldgs	H-Hourly	17,7700
XQ4	Wagner, Cory R	XQ4000153	01/18/2017	Yes	312000-Police Department	H-Hourly	25,0000
XQ4	Woodard, Kyle A	XQ4000237	09/15/2022	Yes	362000-Building & Code Enforceme	S-Salary	2,705,6400

Report Count Of Employees In  
Totals Report:53

Certification of Mechanicville Civil Service Commission:

I hereby certify that, with the exceptions as shown, the employees named in this estimate, payroll or account containing 53 names, have been appointed to or promoted to or employed in the positions, and places, and at the rates of compensation shown, in accordance with the Civil Service Law and the rules made in pursuance thereof, and are members of an appropriate retirement system where such persons are members by mandate in accordance with the retirement and social security law, and are certified through 1/31/24 unless noted. But when any person whose name appears on the estimate, payroll or account shall have been separated from the service or if status shall change in any way, this certificate shall apply to that person only up to the time such separation or change shall have taken place.

Date March 13, 2023

Signature Rose Ann Lindeman

Title Secretary

Exceptions: \_\_\_\_\_