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

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

City of Mechanicville

- a) Andrew Hollenbeck resigned as Cleaner effective 10/13/23
- b) Ethel Baisley was appointed as Substitute Clerk (NC) effective 10/13/23
- c) Patricia Brown was appointed as Substitute Clerk (NC) effective 10/13/23
- d) Eileen Day was appointed Part-time Clerk (NC) effective 10/12/23
- e) Kevin Rose was appointed as Cleaner (L) effective 10/16/23

Mechanicville School District

- a) Diana Ackley resigned as Cafeteria Monitor effective 10/1/22
- b) Susan Blair retired as Bus Driver effective 8/3/22
- c) Cruzita Garcia resigned as Monitor effective 9/30/22
- d) Roberta Mattison resigned as Teacher Aide effective 6/13/22
- e) Tammy Penk-Hill resigned as Cook effective 8/10/21
- f) Molly Wroblewski resigned as Teacher Aide effective 11/30/22
- g) Sandra Reilly retired as Stenographer effective 9/23/22
- h) Joshua Covey resigned as Laborer effective 11/10/23
- i) Sandra Bobelak was appointed as Temp. Teacher Aide (NC) effective 11/3/23-6/26/24
- j) Fatoumata Egombe was appointed as Temp. Teacher Aide (NC) effective 10/17/23-6/26/24
- k) Sally Harris was appointed as Temp. Teacher Aide (NC) effective 11/3/23-6/26/24
- l) Elizabeth Enzien was appointed as Temp. Teacher Aide (NC) effective 11/3/23-6/26/24
- m) Daniel Lucas was appointed as Temp. Teacher Aide (NC) effective 10/16/23-6/26/24
- n) Jessica Ryder was appointed as Temp. Teacher Aide (NC) effective 11/3/23-6/26/24
- o) Jessica Ryder was appointed as Monitor (L) effective 11/3/23
- p) Rachel Waldron was appointed Permanent Teacher Aide (NC) effective 3/5/23
- q) Nyisha Vedder was appointed as Temp. Teacher Aide (NC) effective 10/11/23-6/26/24
- r) Colleen DiCaprio was appointed as Business Manager (Prov) effective 10/30/23

Mechanicville Public Library

a) Kimberly Gillick was appointed as Cleaner (L) effective 11/13/23

5.) Old Business – Examination held for Director of IT

- 6.) New Business
 - a) Physical Agility test held 11/11/23
 - b) Physical Agility test scheduled for 12/9/23
 - c) Examination announcement for Microcomputer Technician posted
 - d) Approve Payroll Certification for Mechanicville School District
 - e) Approve Special Eligible List for Police Officer
 - f) Approve Eligible List for Police Officer
- 7.) Appearances
- 8.) Next Meeting January 3, 2024
- 9.) Adjournment

Report All Personnel Changes On This Form. County [From: City 4 Town 🗌 Village Or District Mechanicville Department; Sale Name And Title of Last Employee In Position: Name of Employee: Social Security Number: Address: Title of Position: Salary: 1)eaner Non-Veteran Veteran 🔲 Disabled Veteran Exempt Volunteer Firefighter Appointments Check Nature Of Effective Date Action Necessary By Personnel Change Appointing Officer Permanent Return Report of Certification Provisional Attach Application Temporary From To State Length of Employment Substitute From To Give Facts Under Remarks For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination ☐ Non-Competitive Class Attach Application Exempt Class Submit This Form Only Labor Class Attach Application Resignation Terminations 10/13/23 Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Changes Other Leave of Absence From To Give Facts Under Remarks ☐ Transfer Give Facts Under Remarks ☐ Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary ☐ Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Title: Address: 36 North Main Street, Mechanicville, NY 12118 Certificate valid until: MEGHPANICVILLE CIVII This certifies that the above employment is in accordance with Law and Rules made in pursuan Subject to any limitation or condition specified above By:

Effective Date 10/13/23

To the Commissioner of Public Safety, Fred Hosley,

It is with great sadness that I feel I need to resign my position with the department of Public Safety. Since my position is being cut to part-time, and I will no longer be eligible for health insurance through the city, I can no longer work here. Consider today, Friday September 29, 2023 as my 2 week notice with my last day being Friday October 13, 2023. Thank you for your consideration.

Sincerely,

Andrew T Hollenbeck

| | Report All P | ersonnel Changes On Ti | his Form. |
|-------------------|---------------------------------------|-------------------------------|--------------------------------|
| From: City | County T Mechanicville | own Village | Or District |
| Department: | | | |
| } | UblicJaletu | | |
| Name And Title | of Last Employee In Position: | | |
| Name of Emplo | , , , , , , , , , , , , , , , , , , , | | — |
| | Ethel Baisley | | Social Security Number: |
| Address: _ | adh a an | 10 | |
| Title of Position | | DITA IS | Salary: |
| Non-Veteran | | usstitute) | 12/45 |
| Appointments | | | pt Volunteer Firefighter 🗌 |
| rphoments | Check Nature Of | Effective Date | Action Necessary By |
| | Personnel Change | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| ļ | Temporary | From To | State Length of Employment |
| | Substitute | From To | Give Facts Under Remarks |
| | ☐ For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| Ĺ | Non-Competitive Class | 101323 | Attach Application |
| | ☐ Exempt Class | | Submit This Form Only |
| [| ☐ Labor Class | | Attach Application |
| erminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| Γ | Removal | | Attach Copy of Proceedings |
| ſ | Layoff (lack of work or funds) | , | Give Facts Under Remarks |
| Other | Military Leave of Absence | | Give Facts Under Remarks |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| | ☐ Transfer | | Give Facts Under Remarks |
| Γ | ☐ Demotion | | Give Facts Under Remarks |
| .[| Suspension | | Give Facts Under Remarks |
| r | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| П | New Position | | Submit Form |
| h | Change in Salary | | Indicate New Salary |
| Π | Change in Name | | Give Facts Under Remarks |
| h | ☑ Other | DF 5.15 | Give Facts Under Remarks |
| marks: | | Pt. Sub. | 1 Cita Land Chedi Kontaks |
| Ethelw | sillemain = =1 | ostitute. | |
| | H | OSTATUR. | |
| pointing Office | tudorelet to Cei | | |
| le: Com | . 6 0 (6 | acetu. | |
| dress: 30 | 6 North Main Street, Mechai | nicville, NY 12118 | R J. 2. |
| rtificate valid u | | | Dail-IANICVILLE CIVIL |
| This ceri | lifies that the above employment is i | | |
| · . | Subject to any limi | itațion or condition specifie | d above. Date: |
| | | | 11/2/23 |

| | Keport All Pe | | inges On Th | is Form. | | |
|--|---|---------------------------------------|-------------|--|--|--|
| From: City | | own 🗌 | Village C | Or District | | |
| | Mechanicville | | | • | | |
| Departmente Public Safe tu | | | | | | |
| Name And Title of Last Employee In Position: | | | | | | |
| 1101110 71110 111 | o of Mast Employee in a ostron. | | | | | |
| Name of Empl | | · · · · · · · · · · · · · · · · · · · | | Social Security Number: | | |
| | Patrica brown | | | | | |
| Address: | _ | • | | | | |
| | | W.IIWII- | | · | | |
| Title of Positio | | stitule) |) | Salary: 15 has | | |
| Non-Veteran [| | led Veteran | T Present | 15/HR | | |
| Appointments | | · - | tive Date | ot Volunteer Firefighter | | |
| 2 appointment | | Ellec | live Date | Action Necessary By | | |
| | Personnel Change | ļ | | Appointing Officer | | |
| | Permanent Provisional | | | Return Report of Certification | | |
| | | - | | Attach Application | | |
| | Temporary | From | To | State Length of Employment | | |
| | Substitute For Term of Office | From | To | Give Facts Under Remarks | | |
| | Permanent Promotion | From | То | Give Facts Under Remarks | | |
| | Provisional Promotion | | | Return Report of Certification | | |
| | Non-Competitive Class | 10 10 00 | | Attach Nomination | | |
| | Exempt Class | 10-13-23 | <u> </u> | Attach Application | | |
| | | | | Submit This Form Only | | |
| Terminations | Labor Class | | | Attach Application | | |
| Terminations | Resignation | | | Submit Signed Resignation | | |
| | Retirement | | | Give Effective Date | | |
| | Deceased | | | Indicate Date | | |
| | Removal | | ·, | Attach Copy of Proceedings | | |
| 041 | Layoff (lack of work or funds) | | | Give Facts Under Remarks | | |
| Other | Military Leave of Absence | | - <u></u> | Give Facts Under Remarks | | |
| Changes | Other Leave of Absence | From | То | Give Facts Under Remarks | | |
| | Transfer | | | Give Facts Under Remarks | | |
| | Demotion | | | Give Facts Under Remarks | | |
| | Suspension | | | Give Facts Under Remarks | | |
| | Reinstatement | | | Give Facts Under Remarks | | |
| | Change in Classification | | | Give Facts Under Remarks | | |
| | New Position | ··· | | Submit Form | | |
| | Change in Salary | | | Indicate New Salary | | |
| | Change in Name | | | Give Facts Under Remarks | | |
| | ⊠ Other | pt. 154b | shille | Give Facts Under Remarks | | |
| Remarks: Patti will remain as substitute. R. Lindemann | | | | | | |
| Appointing Offi | cer: Frederick Hosle | 4 | | MECHANICVILLE CIVIL | | |
| Title: Cm | C(X) | 4 | | The state of the same of the s | | |
| Address: 36 North Main Street, Mechanicville, NY 12118 | | | | | | |
| Certificate valid until: | | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. | | | | | | |
| | Subject to any limitation or condition specified above. | | | | | |
| Зу: | | | | Date: | | |
| | | | | | | |

Report All Personnel Changes On This Form. From: City [County Town 🔲 Village Or District Mechanicville Department: Name And Title of Last Employee In Position: Name of Employee: Social Security Number: Address: Title of Position: Salary: Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter Appointments Check Nature Of **Effective Date** Action Necessary By Personnel Change Appointing Officer Permanent Return Report of Certification Provisional Attach Application Temporary From To State Length of Employment Substitute From To Give Facts Under Remarks For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination Non-Competitive Class 10/12/22 Attach Application ☐ Exempt Class Submit This Form Only Labor Class Attach Application Terminations Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Other Leave of Absence Changes From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: MECHANICVILLE CIVI Title: Address: 36 North Main Street, Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above. By: Date:

| Report All Personnel Changes On This Form. | | | | | |
|--|---|--|---|--|--|
| From: City | v ☑ County ☐ T Mechanicville | 'own 🗌 Villa | ge Or District | | |
| Department: | Public Safety | | | | |
| Name And Tit | le of Last Employee In Position : | oor IV | | | |
| Name of Empl | ovee: / | <u> </u> | | | |
| | hevin Hose | | Social Security Number: | | |
| Address: | 11h A 11 | 1.1. 4 101 | 10 | | |
| | | | | | |
| Title of Position | "Cleaner (Senior Cen | 60 | Salary: 151110 | | |
| Non-Veteran | Veteran Disab | <u> </u> | IS/HR | | |
| Appointments | | Effective Date | empt Volunteer Firefighter | | |
| •• | Personnel Change | Ellective Date | | | |
| | Permanent | <u> </u> | Appointing Officer | | |
| | Provisional | | Return Report of Certification | | |
| | Temporary | From To | Attach Application | | |
| | Substitute | - | State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | From 10 | Give Facts Under Remarks | | |
| | Provisional Promotion | | Return Report of Certification Attach Nomination | | |
| | Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | Labor Class | 10/16/23 | Attach Application | | |
| Terminations | Resignation | 19/19/22 | Submit Signed Resignation | | |
| | Retirement | | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| | ☐ Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other | Military Leave of Absence | | Give Facts Under Remarks | | |
| Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | Transfer | | Give Facts Under Remarks | | |
| ļ | ☐ Demotion | | Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| } | Reinstatement | | Give Facts Under Remarks | | |
| - | Change in Classification | | Give Facts Under Remarks | | |
| F | New Position | | Submit Form | | |
| }- | Change in Salary | | Indicate New Salary | | |
| ŀ | Change in Name | | Give Facts Under Remarks | | |
| Remarks: | ☐ Other | | Give Facts Under Remarks | | |
| R. Lindones | | | | | |
| Appointing Offic | er: Frederik Valey | | MECHANICVILLE CIVIL | | |
| itle: | omm. of Public Safe | L | SERVICE COMMISSION | | |
| 36 North Main Street, Mechanicville, NY 12118 | | | | | |
| Certificate valid until: DATE Date: 10 31 23 | | | | | |
| This cer | tifies that the above employment is in Subject to any limi | n accordance with Law ar tation or condition specif | | | |
| y: · | Judges to any mini | vi conumon specij | Date: | | |
| | | | | | |

| From: City County Town Village Or District | | | | | |
|--|--|----------------|---|--------------------------------|--|
| Department: | | 20111 | | Village Of District V | |
| Name And Title of Last Employee In Position: | | | | | |
| Name of Employee: | Name of Employee: Diana Ackley Social Security Number: | | | | |
| Address: | | | | | |
| Title of Position: | Cafeteria Monitor | | | Salary: | |
| Non-Veteran 🛛 | Veteran Disabled \ | /eteran 🗍 | Exem | pt Volunteer Firefighter | |
| Appointments | Check Nature Of | | ctive Date | | |
| | Personnel Change | Ente | cuve Date | Action Necessary By | |
| | | <u> </u> | | Appointing Officer | |
| | Permanent | | | Return Report of Certification | |
| | Provisional | | | Attach Application | |
| | Temporary | From | То | State Length of Employment | |
| | For Term of Office | From | То | Give Facts Under Remarks | |
| | Permanent Promotion | | | Return Report of Certification | |
| | Provisional Promotion | | | Attach Nomination | |
| | Non-Competitive Class | | | Attach Application | |
| | Exempt Class | | | Submit This Form Only | |
| | Labor Class | | | Attach Application | |
| Terminations | x Resignation | 10/1/22 | | Submit Signed Resignation | |
| | Retirement | | | Give Effective Date | |
| | Deceased | | | Indicate Date | |
| | Removal | | | Attach Copy of Proceedings | |
| | Layoff (lack of work or funds) | | | Give Facts Under Remarks | |
| Other Changes | ☐ Military Leave of Absence | | | Give Facts Under Remarks | |
| | Other Leave of Absence | From | To | Give Facts Under Remarks | |
| | ☐ Transfer | | | Give Facts Under Remarks | |
| | ☐ Demotion | | | Give Facts Under Remarks | |
| | Suspension | | 100000000000000000000000000000000000000 | Give Facts Under Remarks | |
| | Reinstatement | | | Give Facts Under Remarks | |
| | ☐ Change in Classification | | | Give Facts Under Remarks | |
| | New Position | | | Submit Form | |
| ſ | Change in Salary | | | Indicate New Salary | |
| | Change in Name | | | Give Facts Under Remarks | |
| • | Other | | ··· | Give Facts Under Remarks | |
| Remarks: R. Lindemann | | | | | |
| Appointing Officer: Colleen DiCaprio MECHANICVILLE CIVIL SHRVICE COMMISSION | | | | | |
| Title: Business Manager | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. | | | | | |
| D.,, | Subject to any limitat | ton or conditi | on specified al | bove. | |
| By: Ceff Q | en Do Capreio | | | Date: | |

8/15/22, 12:25 PM



MCSD Mall - Fwd: FMLA/ return to work

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

Fwd: FMLAV return to work

1 message

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

Mon, Aug 15, 2022 at 12:25 PM

Sydney Leonard Administrative Assistant to the Business Manager District Office 25 Kniskern Avenue Mechanicville, NY 12118 (518) 664-5727 ×1102



Forwarded message From: Diane Ackley <dackley@mechanicville.org>
Date: Tue, Aug 9, 2022 at 2:52 PM
Subject: Re: FMLA/ return to work

To: Leonard, Sydney <sleonard@mechanicville.org>

I have decided to resign from my position of lunch room monitor at the Mes as of October 1, 202

Sent from my iPad

On Aug 1, 2022, at 7:49 AM, Diane Ackley <dackley@mechanicville.org> wrote:

Good morning. I have decided to retire from my position at Mes as a lunch room monitor as 2022. We have decided to try spending our winter down south while we still have our health

Sent from my iPad

On Jun 23, 2022, at 2:19 PM, Leonard, Sydney sleonard@mechanicville.org

Thank you for letting me know! Glad to hear you are doing well

Sydney Leonard Administrative Assistant to the Business Manager District Office 25 Kniskern Avenue Mechanicville, NY 12118 (518) 664-5727 x1102

https://mail.google.com/mail/ui/0/7ik=923e9b515c&view=pt&search=all&permthid=thread-f%3A1733964378111647518&simpl=msg:f%3A17412450929......1/2

| From: Cit | - · □ · · · □ | | | | |
|---|--------------------------------|-------------------------------|--|--|--|
| Department: | County 🗌 | Town 🗌 | Village Or District | | |
| Department. | | | | | |
| Name And Title of | Last Employee In Position: | | | | |
| Name of Employee: Susan Blair Social Security Number: | | | | | |
| Address: | | | | | |
| Title of Position: | Bus Driver | | Salary: | | |
| Non-Veteran 🗸 | Veteran Disabled | Veteran 🗍 Eve | | | |
| Appointments | Check Nature Of | | pt Volunteer Firefighter | | |
| | • | Effective Date | Action Necessary By | | |
| | Personnel Change | 1 | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | Provisional | | Attach Application | | |
| | Temporary | From To | State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | ☐ Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| ··· | Labor Class | | Attach Application | | |
| Terminations | x Resignation | 8/3/22 | Submit Signed Resignation | | |
| | ▶ Retirement | | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| | Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | Transfer | | Give Facts Under Remarks | | |
| | Demotion | | Give Facts Under Remarks Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| | Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks Give Facts Under Remarks | | |
| | New Position | | Submit Form | | |
| | Change in Salary | | | | |
| | Change in Name | | Indicate New Salary Give Facts Under Remarks | | |
| | Other | | | | |
| Remarks: | | | | | |
| Appointing Officers | | - tu | K Lindinan | | |
| Appointing Officer: Colleen DiCaprio SERVICE COMMISSION | | | | | |
| Title: Business Manager | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law | | | | | |
| By: | Subject to any limitat | ion or condition specified ab | | | |
| ر سیار | apreio | | Date: WID2 | | |
| | `-{ | | 1.40 | | |

Aug.3,2022

To the Board of Education,

As of August 31st 2022 I, Susan Blair will be retiring my position as full-time bus driver.

Sincerely,

Susan Blair

Avan 8000.

| From: City | County 🗌 | Town 🗌 | Village Or District 🗸 | | |
|---|--------------------------------|----------------------------|---|--|--|
| Department: | | | | | |
| Name And Title of I | ast Employee In Position: | | | | |
| Name of Employee: Cruzita Garcia Social Security Number | | | | | |
| Address: | | | | | |
| Title of Position: Monitor Salary: | | | | | |
| Non-Veteran 🛮 | Veteran Disabled | Veteran T Exem | pt Volunteer Firefighter | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| | Personnel Change | Bilective Bate | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | ☐ Provisional | | Attach Application | | |
| | ☐ Temporary | From To | State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | 1000 | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | Labor Class | | Attach Application | | |
| Terminations | x Resignation | 9/30/22 | Submit Signed Resignation | | |
| | Retirement | 9/30/22 | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| | Removal | | | | |
| | Layoff (lack of work or funds) | | Attach Copy of Proceedings Give Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks Give Facts Under Remarks | | |
| | Transfer | 110111 10 | Give Facts Under Remarks Give Facts Under Remarks | | |
| | Demotion | | Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| | Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks Give Facts Under Remarks | | |
| | New Position | | Submit Form | | |
| | Change in Salary | | Indicate New Salary | | |
| | Change in Name | | Give Facts Under Remarks | | |
| | Other | | Give Facts Under Remarks Give Facts Under Remarks | | |
| Remarks: | | | R. Lindemann | | |
| Appointing Officer: College Dicerrie | | | | | |
| Title: Business Manager | | | | | |
| | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above. | | | | | |
| Ву: | Carrio | ион от сопинон ѕресулей ав | Date: Date: | | |
| | | | | | |

9/26/22, 10:48 AM

MCSD Mail - Fwd: Resignation



O'Brien, Catherine scobrien@mechanicville.org>

Fwd: Resignation

2 messages

Mon, Sep 26, 2022 at 9:57 AM Dieckmann, Don <ddieckmann@mechanicville.org> To: Catherine O'Brien <cobrien@mechanicville.org>: "Pisculli, Josephine"

FYI, resignation from Rose Garcia, our lunch monitor. Please hold on posting for this as we may have someone interested. Thanks, DON

- Forwarded message -

From: Rose Garcia <esor330@hotmail.com> Date: Mon, Sep.26, 2022 at 9:33 AM

Subject: Resignation

To: Ddieckmann@mechanicville.org <Ddieckmann@mechanicville.org>

Mr. Dieckmann,

This resignation comes to you after much deliberation. Due to health reasons. I will not be returning to my position after 9/30/2022 lawould like to thank you for the pleasure of working at MSD and the joy of being with the students of MSD.

Thank you,

Cruzita Garcia

Donald J. Dieckmann, Jr.

Principal-Mechanicville Elementary School 25 Kniskem Ave. Mechanicville, NY 12118 (518) 664-7336 ddieckmann@mechanicville.org

O'Brien, Catherine ≲cobrien@mechanicville:org>. Mon, Sep 26, 2022 at 10:48 AM iTo: James DeVito:≲jdevito@mechanicville:org>; Jodi;Birch/≲jbirch@mechanicville:org>; Sydney Leonard <sleonard@mechanicville.org>

Forwarded message -From: Rose Garcia <esor330@hotmail:com> Date: Mon, Sep 26, 2022 at 9:33 AM Subject: Resignation

To::Ddieckmann@mechanicville:org:<Ddieckmann@mechanicville:org>

Mr. Dieckmann

This resignation comes to you after much deliberation. Due to health reasons i will not be returning to my position after 9/30/2022 I would like to thank you for the pleasure of working at MSD and the joy of being with the students of MSD

Thank you,

Cruzita Garcia

https://mail.google.com/mail/u/0/?ik=923e9b515c&view=pt&search=all&permthid=thread;f%3A1745040859776608557&simpl=msg-f%3A17450408

| Department: Name And Title of Last Employee In Position: Social Security Number: | From: City | County | Town 🔲 | ······································ | Village Or District | <u> </u> |
|--|---|--|-----------------|---|---------------------|------------------|
| Name of Employee: Roberta Mattison Address: Title of Position: Teacher Aide Salary: Salar | Department: | | | | | |
| Address: Title of Position: Teacher Aide Non-Veteran ☑ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐ Appointments Check Nature Of Personnel Change ☐ Permanent ☐ Return Report of Certification ☐ Attach Application ☐ Temporary ☐ From To Give Facts Under Remarks ☐ Provisional ☐ Attach Application ☐ Provisional ☐ From To Give Facts Under Remarks ☐ Permanent Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Attach Nomination ☐ Non-Competitive Class ☐ Attach Application ☐ Exempt Class ☐ Submit Signed Resignation ☐ Retirement ☐ Give Effective Date ☐ Retirement ☐ Give Effective Date ☐ Removal ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Removal ☐ Indicate Date ☐ Removal ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Deceased ☐ Indicate Date ☐ Removal ☐ Attach Application ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Change in Salary ☐ Indicate New Salary ☐ Change in Salary ☐ Indicate New Sala | Name And Title of Last Employee In Position : | | | | | |
| Address: Title of Position: Teacher Aide Non-Veteran ☑ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐ Appointments Check Nature Of Personnel Change ☐ Permanent ☐ Return Report of Certification ☐ Attach Application ☐ Temporary ☐ From To Give Facts Under Remarks ☐ Provisional ☐ Attach Application ☐ Provisional ☐ From To Give Facts Under Remarks ☐ Permanent Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Return Report of Certification ☐ Provisional Promotion ☐ Attach Nomination ☐ Non-Competitive Class ☐ Attach Application ☐ Exempt Class ☐ Submit Signed Resignation ☐ Retirement ☐ Give Effective Date ☐ Retirement ☐ Give Effective Date ☐ Removal ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Removal ☐ Indicate Date ☐ Removal ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Deceased ☐ Indicate Date ☐ Removal ☐ Attach Application ☐ Attach Application ☐ Retirement ☐ Give Effective Date ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Transfer ☐ Give Facts Under Remarks ☐ Change in Salary ☐ Indicate New Salary ☐ Change in Salary ☐ Indicate New Sala | Name of Employees | | | | | |
| Title of Position: Teacher Aide Salary: | - | Roberta Mattison | | | Social Security Nur | nber: |
| Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter | Address: | | | | | |
| Non-Veteran Disabled Veteran Exempt Volunter Firefighter Appointments Check Nature Of Personnel Change Effective Date Appointing Officer | Title of Position: | Teacher Aide | | | Salary: | |
| Appointments Check Nature Of Personnel Change | Non-Veteran | Veteran Disabled V | Veteran 🗍 | Exen | | nter [] |
| Personnel Change Permanent | Appointments | | | | | |
| Permanent | * * | | Effec | uve Date | | |
| Provisional | | | | | | |
| Temporary From To State Length of Employment For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Attach Nomination Non-Competitive Class Attach Application Attach Application Exempt Class Submit This Form Only Labor Class Attach Application Attach Application Retirement Give Effective Date Deceased Indicate Date Removal Attach Option Attach Option Attach Application Retirement Give Effective Date Deceased Indicate Date Removal Attach Opy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Give Facts Under Remarks Demotion Give Facts Under Remarks Give Facts Under Remarks Demotion Give Facts Under Remarks | | | | | | |
| For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination Attach Application Non-Competitive Class Attach Application Exempt Class Submit This Form Only Labor Class Attach Application Attach Application Retirement Give Effective Date Indicate Date Removal Attach Copy of Proceedings Indicate Date Removal Attach Copy of Proceedings Give Facts Under Remarks Give Facts Unde | | | | | | |
| Permanent Promotion | | | From | | State Length of | Employment |
| Provisional Promotion | | | From | То | Give Facts Und | er Remarks |
| Non-Competitive Class | | | | | Return Report of | of Certification |
| Exempt Class Submit This Form Only Labor Class Attach Application | | | | | Attach Nomina | tion |
| Labor Class | | | | | Attach Applicat | ion |
| Resignation G/13/22 Submit Signed Resignation Retirement Give Effective Date Indicate Date Indicate Date Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks | | | | | Submit This Fo | rm Only |
| Resignation G/13/22 Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Demotion Give Facts Under Remarks Demotion Give Facts Under Remarks Demotion Give Facts Under Remarks Reinstatement Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Name Give Facts Under Remarks Other Change in Name Give Facts Under R | | | | | Attach Applicat | ion |
| Retirement Deceased Removal Removal Layoff (lack of work or funds) Other Changes Other Changes Other Leave of Absence Other Leave of Absence Transfer Demotion Suspension Reinstatement Change in Classification Change in Salary Change in Name Other Other Other Change in Name Other Change in Name Other Other Change in Name | Terminations | x Resignation | 6/13/22 | | | |
| Removal | | Retirement | | | | |
| Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Give Facts Under Remarks Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Fact | | Deceased | | *************************************** | | |
| Other Changes Dayoff (lack of work or funds) Give Facts Under Remarks Other Changes Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Colleen DiCaprio Change College Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Military Leave of Absence Give Facts Under Remarks Give Facts Under Remarks Change in Classification Give Facts Under Remarks Change in Salary Give Facts Under Remarks Change in Name Give Facts Under Rem | | Removal | | | Attach Copy of | Proceedings |
| Other Changes Military Leave of Absence | | Layoff (lack of work or funds) | | | | |
| Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change In Name Give Facts Under Remarks Change In Name Give Facts Under Remarks Other Give Facts Under Remarks Change In Name | Other Changes | | | | | |
| Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Give Facts Under Remark | _ | Other Leave of Absence | From | To | · | |
| Demotion Suspension Reinstatement Change in Classification Change in Salary Change in Name Chang | | Transfer | | | | |
| Suspension Reinstatement Change in Classification Change in Salary Change in Name Change in Nam | | ☐ Demotion | | | | |
| Reinstatement Change in Classification New Position Change in Salary Change in Name Cive Facts Under Remarks Give Facts Under Remarks Give Facts Under Remarks Remarks: Appointing Officer: Colleen DiCaprio Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | Suspension | | | | |
| Change in Classification New Position Change in Salary Change in Salary Change in Name Change in Salary Change in Name Change in Salary Change in Name Change | | | | | | |
| New Position | | | | | | |
| Change in Salary Change in Name Change in Name Give Facts Under Remarks Give Facts Under Remarks Remarks: Appointing Officer: Colleen DiCaprio Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | N KOMAKS |
| Change in Name Other Give Facts Under Remarks Give Facts Under Remarks Remarks: Appointing Officer: Colleen DiCaprio Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | lant |
| Remarks: Appointing Officer: Colleen DiCaprio Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | |
| Appointing Officer: Colleen DiCaprio Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | |
| Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | Remarks: | | | | P. Lun | Si sa zas - |
| Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 | Appointing Officer: (| Colloon DiConrio | | | MEGHANICVIL | LE CIVIL |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | The state of the s | ···· | | SERVICE COM | MISSION |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: | Title: Business Manager | | | | /En | |
| Certificate valid until: | Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | 1,7/2 3 | |
| | Certificate valid until: | | | | 11212 | |
| 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: / 1 / A | Sabject to any timitu | non or conullie | m specijied d | | |
| Date: 1/14/03 | | preio | | | Date: | 1/4/02 |

6/15/22, 10:41 AM

MCSD Mail - Fwd: Resignation



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

Fwd: Resignation

3 messages

Michael.Mitchell.<mmitchell@mechanicville:org≥:

Michael Mitchell <mmitchell@mechanicville.org>:

To:.Jodi Birch:<jbirch@mechanicville.org>; Tracy Germain <tgermain@mechanicville.org>; Catherine.O'Brien

Sophice @mechanicville.org>; Tracy Germain <tgermain@mechanicville.org>; Catherine.O'Brien <cobrien@mechanicville.org>

Fyi

Make it a great day, MM: Go Raiders!!!



Mike Mitchell Jr/Sr-High School Rrincipal Mechanicville City School District (518) 664-9888 mmitchell@mechanicville.org

Begin forwarded message:

From: "Mattison, Roberta" < rmattison@mechanicville.org> Date: June 13, 2022 at 2:55:53 PM EDT To::Michael!Mitchell:<mmitchell@mechanicville:org> Subject: Resignation

June 13, 2022

To whom it may concern:

It is with a heavy heart. I have made the decision to resign from my alds position with the Mechanicville City School District. This decision will take place effective immediately. However, with this being said litruly would like the opportunity to be placed on the sub-list for both the elementary school and middle-high school in the upcoming school year of 22/23. If thankeach and everyone of you for the support and kind words and encouragement during this trying time for my family. MCSD has my heart. "Congratulations "to the Class of 2022, you are all rockistars. Have a safe and happy summer break!

Sincerely, Robyn Mattison Rohloff **6666**

Germain, Tracy<tgermain@mechanicville.org> To:Michael Mitchell <mritchell@mechanicville.org>

Mon, Jun;13,,2022 at:4:58 PM

Cc: Catherine OBnen (scobrien@mechanicville:org>; Jodi!Birch, sjbirch@mechanicville:org>; i

https://mail.google.com/mail/u/0/7ik=923e9b515c&view=pt&search=all&permthid=thread:f%3A1735547089669389722&simpl=msg-f%3A1735547089

| From: City | County | Town 🗌 | V | illage Or I | District 🛮 |
|--|--|----------------|---|--------------|-------------------------|
| Department: | | | | | |
| Name And Title of La | st Employee In Position : | | | | |
| | | | | | |
| Name of Employee: | Name of Employee: Tammy Penk-Hill Social Security Number: | | | | |
| Address: | | | | | |
| 7 rdd1 055. | | | | | |
| Title of Position: | Cook | | | 1 | Salary: |
| Non-Veteran 🗸 | Veteran Disabled V | /eteran | Exempl | t Volunteer | Firefighter |
| Appointments | Check Nature Of | | tive Date | | |
| • • | Personnel Change | Eller | tive Date | 1 4 | Action Necessary By |
| | | | | | Appointing Officer |
| | Permanent | | | | Report of Certification |
| | Provisional | | | Attach | Application |
| | Temporary | From | То | State L | ength of Employment |
| | For Term of Office | From | То | Give Fa | acts Under Remarks |
| | Permanent Promotion | | | Return | Report of Certification |
| | Provisional Promotion | | | Attach | Nomination |
| | Non-Competitive Class | | | Attach . | Application |
| | Exempt Class | | | Submit | This Form Only |
| | Labor Class | | | Attach . | Application |
| Terminations | x Resignation | 8/10/21 | | Submit | Signed Resignation |
| | Retirement | | | Give Ef | fective Date |
| | Deceased | | | Indicate | Date |
| | Removal | | | Attach | Copy of Proceedings |
| | Layoff (lack of work or funds) | | | Give Fa | cts Under Remarks |
| Other Changes | Military Leave of Absence | | | Give Fa | cts Under Remarks |
| ĺ | Other Leave of Absence | From | То | Give Fa | cts Under Remarks |
| | ☐ Transfer | | | Give Fa | cts Under Remarks |
| | ☐ Demotion | | | Give Fa | cts Under Remarks |
| | Suspension | | | Give Fa | cts Under Remarks |
| | Reinstatement | | | | cts Under Remarks |
| | Change in Classification | | | Give Fa | cts Under Remarks |
| | New Position | | *************************************** | Submit | |
| | ☐ Change in Salary | | | Indicate | New Salary |
| | ☐ Change in Name | | | | cts Under Remarks |
| | Other | | 7.1 | | cts Under Remarks |
| Remarks: | | N. H. A. | *************************************** | | 1 / 1 |
| | | | | | K. Finderson |
| Appointing Officer: | -ll D'O | | lvi i | CHANI | 01/21-1 = 011.01 |
| Appointing Officer. College DiCaprio SERVICE COMMISSION | | | | | |
| Title: Business Manager | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: | modificance, 141 | 12110 | har for the | | 11 15 123 |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. | | | | | |
| i l | es that the above employment is the a Subject to any limital | iccoraance wil | n Law and Kule | s made in | pursuance to Law. |
| By: | | ton or conull | on specifica abo | ус. | I Date |
| " (d) | iffic | | | | Date: 11/14/03 |

Mrs. Deborah Mackey
Food Service Director
25 Kniskern Ave.
Mechanicville, NY 12118

Dear Mrs. Deborah Mackey,

Please accept this letter as notice of my resignation from my position as a cook for the Mechanicville City School District as of August 10, 2021. It has been a pleasure working with you and your team over the last 9 years. Thank you again for the opportunity to work for the Mechanicville City School District.

Sincerely, Tammy Penk-Hill

| From: City County Town Village Or District | | | | | |
|--|--------------------------------|-------------------------------|--------------------------------|--|--|
| Department: | | | | | |
| Name And Title of Last Employee In Position: | | | | | |
| Name of Employee: Molly Wroblewski Address: | | | | | |
| <u> </u> | Molly Wroblewski | | Social Security Number: | | |
| Address | | | | | |
| Title of Position: Ton | shor Aido | | | | |
| Title of Position: Teacher Aide Salary: Non-Veteran Veteran Disabled Veteran Executive Control Contro | | | | | |
| Exempt volumeer Phengmer | | | | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| | Personnel Change | | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | Provisional | | Attach Application | | |
| | ☐ Temporary | From To | State Length of Employment | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | ☐ Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | Labor Class | | Attach Application | | |
| Terminations | X Resignation | 11/30/22 | Submit Signed Resignation | | |
| | Retirement | | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| | Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | ☐ Transfer | | Give Facts Under Remarks | | |
| | Demotion | | Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| | Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks | | |
| | ☐ New Position | | Submit Form | | |
| | ☐ Change in Salary | • | Indicate New Salary | | |
| | Change in Name | | Give Facts Under Remarks | | |
| | Other | | Give Facts Under Remarks | | |
| Remarks: K. Lindemann | | | | | |
| Appointing Officer: Jodi A. Birch SERVICE COMMISSION | | | | | |
| Title: Business Manager | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. | | | | | |
| ^ | Subject to any limital | tion or condition specified t | nhove | | |
| By: PROOF | 1 Box 2 C4 | or conumon specifica (| Date: | | |
| (A) 12/16/2~ | | | | | |



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

Fwd: Resignation

3 messages

Dieckmann, Don <ddieckmann@mechanicville.org>

Wed, Nov 16, 2022 at 8:25 AM

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

Molly Hunter is giving her 2 weeks notice/resignation from her Teaching Aide position. She would like to stay on in district as a substitute teacher. I asked her to stay on if past 2 weeks if we are having difficulty hiring.

Thanks, Don

----- Forwarded message ----

From: Hunter, Molly <mhunter@mechanicville.org>

Date: Wed, Nov 16, 2022 at 5:24 AM

Subject: Resignation

To: Don Dieckmann <ddieckmann@mechanicville.org>

Dear Mr. Dieckmann.

It is with deep regret and consideration that I need to give you my two weeks notice as an aid in the Mechanicville School District.

My intention was always to be hired as a substitute and in hindsight that would probably have been a better match. Because of my liver transplant I have almost no immune system and it is unfair to staff and my students to continually be out sick.

I would love it if I could be a substitute in any capacity and continue to support the Mechanicville School District. Please accept my resignation with the most sincere desire to continue to support the students of Mechanicville Elementary in any way I safely can.

Thank you.

Molly Hunter

Donald J. Dieckmann, Jr.

Principal-Mechanicville Elementary School 25 Kniskern Ave. Mechanicville, NY 12118 (518) 664-7336 ddieckmann@mechanicville.org

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

To: "Dieckmann, Don" <ddieckmann@mechanicville.org>

Cc: "Pisculli, Josephine" < jpisculli@mechanicville.org>

Wed, Nov 16, 2022 at 9:25 AM

oh bummer Don! I just need to know what her effective last day will be? [Quoted text hidden]

Cathy O'Brien **Executive Assistant to the Superintendent District Clerk**

(518) 664-5727 ext.

| l | | | | | | |
|---|--|-------------------------------|--|--|--|--|
| | y County C | Town | Village Or District 🗸 | | | |
| Department: | | | | | | |
| Name And Title of Last Employee In Position : | | | | | | |
| Name of Employee: | Name of Employee: Sandra Reilly Social Security Numb | | | | | |
| Address: | | | | | | |
| Title of Position: | Stenographer | | Salary: | | | |
| Non-Veteran ✓ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐ | | | | | | |
| Appointments | Check Nature Of | Effective Date | | | | |
| | Personnel Change | Effective Date | Action Necessary By Appointing Officer | | | |
| | ☐ Permanent | | Return Report of Certification | | | |
| | ☐ Provisional | | Attach Application | | | |
| | ☐ Temporary | From To | State Length of Employment | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | | |
| | Permanent Promotion | | Return Report of Certification | | | |
| | Provisional Promotion | | Attach Nomination | | | |
| | ☐ Non-Competitive Class | | Attach Application | | | |
| | Exempt Class | | Submit This Form Only | | | |
| | ☐ Labor Class | | Attach Application | | | |
| Terminations | x Resignation | 09/23/22 | Submit Signed Resignation | | | |
| | ▼ Retirement | | Give Effective Date | | | |
| | Deceased | | Indicate Date | | | |
| | Removal | | Attach Copy of Proceedings | | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | | |
| | Other Leave of Absence | From To | Give Facts Under Remarks | | | |
| | Transfer | | Give Facts Under Remarks | | | |
| | Demotion | | Give Facts Under Remarks | | | |
| | Suspension | | Give Facts Under Remarks | | | |
| | Reinstatement | | Give Facts Under Remarks | | | |
| | ☐ Change in Classification | | Give Facts Under Remarks | | | |
| | New Position | | Submit Form | | | |
| | ☐ Change in Salary | | Indicate New Salary | | | |
| | ☐ Change in Name | | Give Facts Under Remarks | | | |
| | Other | | Give Facts Under Remarks | | | |
| Remarks: | | | | | | |
| Appointing Officer: Colleen DiCaprio MECHANICVILLE CIVIL | | | | | | |
| Title: Business Manager | | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | |
| Certificate valid until: | | | | | | |
| This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above. | | | | | | |
| By: () | Subject to any umital | uon or conattion specified at | | | | |
| العالم | Preio | | Date: WD3 _ | | | |
| | | | | | | |

June 8, 2022

Mr. Kevin Kolakowski,

Please be advised that I will be retiring from the Mechanicville City School District, Department of Special Education, as a Stenographer, effective the close of business on Friday, September 23, 2022.

It has been a pleasure working for, and with, a number of outstanding staff members over the past twenty years. Thank you all for this opportunity.

Sincerely,

Sandra L. Reilly

, Scn+ 11/2/23

Supplementary Payroll Certification and Report of Personnel Change

| | | · - | |
|------------------------------|---|--|--------------------------------|
| | ity County C | Town | Village Or District 🛮 |
| Department: | | | |
| Name And Title of | Last Employee In Position: | | |
| Name of Employee | : Joshua Covey | | Social Security Number: |
| Address: | | | |
| Title of Position: | Laborer | | Salary: |
| Non-Veteran 🛮 | Veteran Disabled | Veteran Ex | empt Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| | Personnel Change | Zancen ve Bute | , |
| | Permanent | | Appointing Officer |
| | Provisional | | Return Report of Certification |
| | Temporary | <u> </u> | Attach Application |
| | For Term of Office | From To | State Length of Employment |
| | Permanent Promotion | From To | Give Facts Under Remarks |
| | Provisional Promotion | | Return Report of Certification |
| | Non-Competitive Class | | Attach Nomination |
| | Exempt Class | | Attach Application |
| | Labor Class | | Submit This Form Only |
| Terminations | x Resignation | | Attach Application |
| i ci illitations | Retirement | 11/10/2 | |
| | Deceased | <u> </u> | Give Effective Date |
| | Removal | | Indicate Date |
| | Layoff (lack of work or funds) | | Attach Copy of Proceedings |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| Other Changes | Other Leave of Absence | | Give Facts Under Remarks |
| | Transfer | From To | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | | MICVILLE CIVIL | Give Facts Under Remarks |
| | ☐ Change in Classification | E COMMISSION | Give Facts Under Remarks |
| | Change in Salary | CIVED | Submit Form |
| | Change in Name | | Indicate New Salary |
| | Other | 13/23 | Give Facts Under Remarks |
| Remarks: | | 0.5 | Give Facts Under Remarks |
| | K- | Jendemann ME | CHANICVILLE CIVIL |
| | Kevin Kolakowski | | WICE COMMISSION / |
| itle: Superintende | nt | | . cD |
| ^{ddress:} 25 Kniske | rn Ave. Mechanicville, NY | 12118 | |
| Certificate valid unti | I: | | Date: |
| This cert | fies that the above employment is in a Adject to any limitat | ccordance with Law and F ion or condition specified | ahave. |
| y: In | | specyteu | Date: Wester |
| | | · · · · · · · · · · · · · · · · · · · | 10100/2) |

I Joshua Covey will be leaving for a school district closer to home. I have enjoyed working here. I love all the staff and kids. I would like to leave here with no regrets. I can't thank everyone enough for everything you've done for me. A couple years back I took my exams for New York State and they pulled my name off the list for a Supervisor position. I was able to pass all my exams including my NYS Facility Director Exam. I can't thank all the board members and all of the Admin here at Mechanicville. Please always know I'm only a phone call away. My exit date will be 11/10/23.

My Best Joshua Covey #OneMechanicville!

Joshua covey

•

Supplementary Payroll Certification and Report of Personnel Change

${\it Report\,All\,Personnel\,Changes\,On\,This\,Form}.$

| From: City County Town Village Or District | | | | | |
|--|---|---|--------------------------------|--|--|
| Department: | Department: | | | | |
| Name And Title of Las | st Employee In Position : | | | | |
| Name of Employee: | | | Social Security Number: | | |
| | Sandra Bobelak | | | | |
| Address: | | | | | |
| Title of Position: | Teacher Aide | | Salary: \$14.63 | | |
| Non-Veteran 🗸 | Veteran Disabled V | eteran Exem | pt Volunteer Firefighter | | |
| Appointments | Check Nature Of | Effective Date | Action Necessary By | | |
| •• | Personnel Change | | Appointing Officer | | |
| | Permanent | | Return Report of Certification | | |
| | Provisional | | Attach Application | | |
| | Temporary | From 11/3/23 To 6/26/24 | | | |
| | For Term of Office | From To | Give Facts Under Remarks | | |
| | Permanent Promotion | 110111 10 | Return Report of Certification | | |
| | Provisional Promotion | | Attach Nomination | | |
| | Non-Competitive Class | | Attach Application | | |
| | Exempt Class | | Submit This Form Only | | |
| | Labor Class | | Attach Application | | |
| Terminations | Resignation | | Submit Signed Resignation | | |
| 1 elimations | Retirement | | Give Effective Date | | |
| | Deceased | | Indicate Date | | |
| a | Removal | | Attach Copy of Proceedings | | |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks | | |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks | | |
| Other Changes | Other Leave of Absence | From To | Give Facts Under Remarks | | |
| | Transfer | | Give Facts Under Remarks | | |
| | Demotion | | Give Facts Under Remarks | | |
| | Suspension | | Give Facts Under Remarks | | |
| | Reinstatement | | Give Facts Under Remarks | | |
| | Change in Classification | | Give Facts Under Remarks | | |
| ł | New Position | | Submit Form | | |
| | Change in Salary | | Indicate New Salary | | |
| | Change in Name | | Give Facts Under Remarks | | |
| Ì | Other | | Give Facts Under Remarks | | |
| Remarks: | | | | | |
| MECHANICVILLE CIVIL SERVICE COMMISSION | | | | | |
| Appointing Officer: Kevin Kolakowski | | | | | |
| Title: Superintendent | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | |
| Certificate valid until: Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activities Date: / - Www. activitie | | | | | |
| This certif | ies that the above employment is in a Subject to any limita | accordance with Law and R ation or condition specified t | ahaya | | |
| Ву: | | | Date: 6/23 | | |

| l . | | | |
|------------------------------|--|---|--------------------------------|
| From: | City County | Town 🗌 | Village Or District 🛮 |
| Department: | | | |
| Name And Title | of Last Employee In Position: | | |
| Name of Employ | ree: Faloumata Egombe | | Social Security Number: |
| Address: | | i i | |
| Title of Position: | Teacher Aide | | Salary: \$14.63 |
| Non-Veteran 🗸 | Veteran Disabled | Veteran | ot Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| •• | Personnel Change | Effective Date | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | x Temporary | From 0/17/23 To 6/26/24 | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | 10 | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | ☐ Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| | Labor Class | | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | - in | Give Facts Under Remarks |
| _ | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | ☐ Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | R. Lindemann |
| Appointing Office | r: Jodi A. Birch | | MECHANICVILLE CIVIL |
| ^{Title:} Business M | | | FERVICE COMMISSION |
| Address: 25 Knis | kern Ave. Mechanicville, N | Y 12118 | EIVED |
| Certificate valid u | ntil: | DATE | 11 3ale 2 |
| This co | ertifies that the above employment is in Subject to any limit | accordance with Law and Rul ation or condition specified abo | |
| Ву: | Budget to any time | and or constitution specified up | Date: |
| _ (jroch | apure | | 10/19/dUQ3 |

| <u> </u> | | | |
|--------------------------------|--|---|--|
| From: City | County | Town | Village Or District 🛮 |
| Department: | | | |
| Name And Title of L | ast Employee In Position: | | |
| Name of Employee: | Sally Harris | | Social Security Number |
| Address: | · · · · · · · · · · · · · · · · · · · | 11/ 40440 | |
| Title of Position: | Teacher Aide | - ************************************ | Salary: \$14.63 |
| Non-Veteran | Veteran Disabled \ | Veteran 🗆 Eve | 7 |
| Appointments | | <u> </u> | mpt Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| | Personnel Change | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | x Temporary | From 1/3/23 To 6/26/24 | |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | 110111 | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | <u> </u> | |
| | Exempt Class | | Attach Application |
| | Labor Class | | Submit This Form Only |
| Terminations | Resignation | | Attach Application |
| 1 CI IIIII ALIUIIS | Retirement | | Submit Signed Resignation |
| | Deceased | | Give Effective Date |
| | Removal | | Indicate Date |
| | | | Attach Copy of Proceedings |
| 04 01 | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | ☐ Other | | Give Facts Under Remarks |
| Remarks: | | | R. Lindemann |
| Appointing Officer: J | | l\ | REGHANICVILLE CIVIL |
| ^{ritle:} Business Man | ager | | the state of the s |
| Address: 25 Knisker | n Ave. Mechanicville, NY | 12118 | TCEIVED |
| Certificate valid until: | Jimania in | ENGO: | 11/3/2-3 Date: |
| This certifi | ies that the above employment is in a | ccordance with Law and R | ules made in pursuance to Law, |
| , /) | Subject to any limital | tion or condition specified a | |
| By: Kell | Uperel | | Date: /0/18/22 |

 ${\it Report\,All\,Personnel\,Changes\,On\,This\,Form}.$

| From: City | ☐ County ☐ | Town 🗌 | | Village Or District 🔽 |
|--------------------------------|--|---------------------------------------|--|--|
| Department: | | | | |
| Name And Title of La | st Employee In Position: | | | |
| Name of Employee: | Elizabeth Enzien | | | Social Security Number: |
| Address: | | | | |
| Title of Position: | Teacher Aide | · · · · · · · · · · · · · · · · · · · | | Salary: \$14.63 |
| Non-Veteran 🗸 | Veteran Disabled V | eteran 🗍 | Exem | pt Volunteer Firefighter |
| Appointments | Check Nature Of | Effec | tive Date | Action Necessary By |
| | Personnel Change | Birec | iive Duce | Appointing Officer |
| | Permanent | | | Return Report of Certification |
| | Provisional | | | Attach Application |
| , | Temporary | Erom | To 6/26/24 | State Length of Employment |
| | For Term of Office | From From | To 0/20/24 | Give Facts Under Remarks |
| | Permanent Promotion | 110111 | 10 | Return Report of Certification |
| | Provisional Promotion | | | Attach Nomination |
| | Non-Competitive Class | | | Attach Application |
| | Exempt Class | | | Submit This Form Only |
| | Labor Class | | | Attach Application |
| Terminations | Resignation | | | Submit Signed Resignation |
| 1 el minations | Retirement | | ······································ | Give Effective Date |
| | Deceased | <u> </u> | | Indicate Date |
| | Removal | | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | ļ | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | | Give Facts Under Remarks |
| Other Changes | Other Leave of Absence | From | То | Give Facts Under Remarks |
| | Transfer | | | Give Facts Under Remarks |
| | Demotion | | , ,, | Give Facts Under Remarks |
| | Suspension | | | Give Facts Under Remarks |
| | Reinstatement | | | Give Facts Under Remarks |
| | ☐ Change in Classification | | | Give Facts Under Remarks |
| | New Position | | | Submit Form |
| | ☐ Change in Salary | | | Indicate New Salary |
| , | Change in Name | | | Give Facts Under Remarks |
| | Other | | | Give Facts Under Remarks |
| Remarks: | | | | MECHANICVILLE CIVIL- SERVICE COMMISSION |
| Appointing Officer: J | odi A. Birch | | | and EIVED |
| Title: Business Man | ager | | | 11/2/22 |
| ^{Address:} 25 Knisker | n Ave. Mechanicville, NY | ′ 12118 | JAT | |
| Certificate valid until: | : | | | Date: K. Linderwaren |
| This certif | ies that the above employment is in a Subject to any limita | accordance wi | th Law and R | ules made in pursuance to Law. above. |
| By: | A Bured | | | Date; /0//8/23 |

| | y County C | Town 🗌 | Village Or District 🛛 |
|--------------------------------|---|-----------------------------|---|
| Department: | | | |
| Name And Title of | Last Employee In Position: | | |
| Name of Employee: | Daniel Lucas | | Social Security Number: |
| Address: | | | |
| Title of Position: | Teacher Aide | | Salary: \$14.63 |
| Non-Veteran 🗸 | Veteran Disabled | Veteran T Frem | pt Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | |
| | Personnel Change | Effective Date | Action Necessary By |
| | | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | x Temporary | From 10/16/23 To 6/26/24 | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| m | Labor Class | | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| A.1 A1 | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | │ | • | Give Facts Under Remarks |
| Remarks: | | | L. Lindemann |
| Appointing Officer: | | | TECHANICVILLE CIVIL ERVICE COMMISSION |
| ^{ritle:} Business Man | nager | ri e | 490 BACH (4970 BACH BE A PAGE |
| Address: 25 Kniske | rn Ave. Mechanicville, NY | 12118 | TEVED |
| Certificate valid until | : | DATE. | 11/3/32 15ate: |
| This certij | fies that the above employment is in a Subject to any limita | ccordance with Law and Rul | es made in pursuance to Law. |
| By: Oli () | Brooks | non or common specifica and | Date: |
| - puller | 1000 | | 10/18/23 |

| From: | City County C | Town 🗌 | Vi | illage Or District 🛛 |
|---------------------|---|-----------------|---|--|
| Department: | | | | We will be de- |
| Name And Title o | f Last Employee In Position: | | | |
| Name of Employe | ee: Jessica Ryder | | So | ocial Security Number |
| Address: | , | | | |
| Title of Position: | Teacher Aide | | | Salary: \$14.63/hr |
| Non-Veteran 🗸 | Veteran Disabled \ | Veteran 🗍 | Exempt | Volunteer Firefighter |
| Appointments | Check Nature Of | Effective | | Action Necessary By |
| k | Personnel Change | Effective | Date | Appointing Officer |
| | Permanent | | | Return Report of Certification |
| | Provisional | | · | Attach Application |
| | ▼ Temporary | From 11/3/23 To | 6/26/24 | State Length of Employment |
| | For Term of Office | From To | | Give Facts Under Remarks |
| | Permanent Promotion | | ····· | Return Report of Certification |
| | Provisional Promotion | | | Attach Nomination |
| | ☐ Non-Competitive Class | | | Attach Application |
| | Exempt Class | | | Submit This Form Only |
| | Labor Class | | | Attach Application |
| Terminations | Resignation | | | Submit Signed Resignation |
| | Retirement | | | Give Effective Date |
| | Deceased | | *************************************** | Indicate Date |
| | Removal | | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | | Give Facts Under Remarks |
| _ | Other Leave of Absence | From To | | Give Facts Under Remarks |
| | Transfer | | | Give Facts Under Remarks |
| | Demotion | | | Give Facts Under Remarks |
| | Suspension | | | Give Facts Under Remarks |
| | Reinstatement | | | Give Facts Under Remarks |
| | Change in Classification | | | Give Facts Under Remarks |
| | ☐ New Position | | | Submit Form |
| | Change in Salary | | | Indicate New Salary |
| | ☐ Change in Name | | | Give Facts Under Remarks |
| | Other | | | Give Facts Under Remarks |
| Remarks: | | | Mi | ECHANICVILLE CIVIL R. Linder Revice COMMISSION |
| Appointing Office | r: Colleen DiCaprio | | Kape O Tra | Warm Carl Care of I have be |
| Title: Business M | | 1.10 | 4 | EL CEIVED |
| Address: 25 Knis | | ′ 12118 | DATE | 1113123 |
| Certificate valid u | | | | Date: 110 33 |
| This co | ertifies that the above employment is in a Subject to any limita | | | |
| By: CALLOO | a Di Corio | | | Date: NDb2 |

| From: City | County | Town 🗌 | Village Or District 🔽 |
|---------------------------------|---------------------------------------|--|--------------------------------|
| Department: | | | |
| Name And Title of L | ast Employee In Position: | And the second s | |
| Name of Employee: | Jessica Ryder | | Social Security Number: |
| Address: | 12 | | |
| Title of Position: | Monitor | | Salary: \$14.63 |
| Non-Veteran 🗸 | Veteran Disabled \ | /eteran ☐ Exen | npt Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | |
| 11ppointinonio | | Effective Date | Action Necessary By |
| | Personnel Change | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | ☐ Temporary | From To | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | 11/3/23 | Submit This Form Only |
| | Labor Class | 11/3/23 | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| , | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| Other Changes | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | Tion 10 | Give Facts Under Remarks |
| | Demotion | | |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | R. Lindsman |
| Appointing Officer: K | evin Kolakowski | | MECHANICVILLE CIVIL |
| ^{Title:} Superintenden | t | | SERVICE COMMISSION |
| Address: 25 Knisker | | 12118 | CEIVED |
| Certificate valid until: | | | Date: 113 23 |
| This certif | les that the above employment is in a | ccordance with Law and Rition or condition specified a | |
| Ву: | Subject to any timital | non or commune specifica a | Date: / |
| MIN | | | Date: 1425/22 |

| From: | City County C | Town 🗌 | Village Or District ✓ |
|----------------------------------|---|--|--------------------------------|
| Department: | | | |
| Name And Title | of Last Employee In Position : | | |
| | | | |
| Name of Employ | ee: Rachael Waldron | | Social Security Number: |
| Address: | - Manhaningilla NIV 40 | 3445 | |
| Title of Position: | | | |
| Non-Veteran 🗸 | Teacher Aide Veteran ☐ Disabled | | Salary: |
| Appointments | | | npt Volunteer Firefighter 🗌 |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| | Personnel Change | | Appointing Officer |
| | x Permanent | 3/5/23 | Return Report of Certification |
| | ☐ Provisional | | Attach Application |
| | ☐ Temporary | From To | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | ☐ Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| | Labor Class | | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| ū | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | OTTO TROES OFFICE ROMAINS |
| | | | P Lidemann |
| 1 Office | | 3. g | ECHANICALLECIAL |
| Appointing Office | r:Kevin Kolakowski | 2 | BVICE COMMISSION |
| ^{Citle:} Superintend | dent | £ ja | |
| Address: 25 Knisl | | 40440 | EIVED |
| ZO MIISI Certificate valid ui | | 12118 | 10/27/23 |
| | | | Date: |
| This ce | rtifies that the above employment is in a Subject to any limitat | eccordance with Law and Ru tion or condition specified ab | les made in pursuance to Law. |
| By: Charles | Men | | Date: 12/21/2023 |
| | - 6 | | レンプリクシロス |

| From: C | ity County | Town 🗌 | Village Or District ☑ |
|---|--|--|--|
| Department: | | | |
| Name And Title o | f Last Employee In Position : | | |
| Name of Employe | e: Nyisha Vedder | | Social Security Number: |
| Address: | | | |
| Title of Position: | Teacher Alde | | Salary: \$14.63 |
| Non-Veteran 🗸 | | Veteran 🗍 | Exempt Volunteer Firefighter |
| Appointments | Check Nature Of | | |
| ripponitionis | Personnel Change | Effective D | ate Action Necessary By Appointing Officer |
| | Permanent | | Return Report of Certification |
| | Provisional | | Attach Application |
| | x Temporary | From 10/11/23 06/26 | |
| | For Term of Office | From To | Give Facts Under Remarks |
| | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | Exempt Class | | Submit This Form Only |
| | Labor Class | | Attach Application |
| Terminations | Resignation | 10/22/23 | Submit Signed Resignation |
| 201111111111111111111111111111111111111 | Retirement | 10/22/23 | Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks |
| 4 | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | ☐ Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | A. Lindemann |
| Appointing Officer | | | MECHANICVILLE CIVIL SERVICE COMMISSION |
| ^{Title:} Business Ma | anager | | South Man Con Con Con Con Con Con Con Con Con Co |
| Address: 25 Knisk | ern Ave. Mechanicville, NY | 12118 | W 3 2 3 |
| Certificate valid un | til: | | Date: |
| This cer | rtifies that the above employment is in a Subject to any limita | accordance with Law a tion or condition speci | |
| Ву: | Subject to any limita | non or condition speci | |
| Hali | aberch | | Date: 10/11/2023 |

| | City County C | Town | Village Or District 🗸 |
|------------------------------|---|--|--------------------------------|
| Department: | | | |
| Name And Title | of Last Employee In Position : | | |
| Name of Employ | ee: Colleen DiCaprio | | Social Security Number: |
| Address: | | | |
| Title of Position: | Business Manager | | Salary: \$124,000 /year |
| Non-Veteran 🛛 | Veteran Disabled \ | /eteran Fye | mpt Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | |
| • | Personnel Change | Effective Date | Action Necessary By |
| | | | Appointing Officer |
| | Permanent | | Return Report of Certification |
| | RY Provisional | | Attach Application |
| | Temporary | From To | State Length of Employment |
| | For Term of Office | From To | Give Facts Under Remarks |
| 7 | Permanent Promotion | | Return Report of Certification |
| | Provisional Promotion | | Attach Nomination |
| | Non-Competitive Class | | Attach Application |
| | x Exempt Class | 10/30/23 | Submit This Form Only |
| | Labor Class | | Attach Application |
| Terminations | Resignation | | Submit Signed Resignation |
| | Retirement | | Give Effective Date |
| | Deceased | | Indicate Date |
| | ☐ Removal | | Attach Copy of Proceedings |
| | Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | ☐ Military Leave of Absence | | Give Facts Under Remarks |
| | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | | Give Facts Under Remarks |
| | ☐ Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | R. Lindamann |
| | | | MECHANICVILLE CIVIL |
| Appointing Office | ∵Kevin Kolakowski | | SERVICE COMMISSION |
| ^{Fitle:} Superinten | lent | | RECEIVED |
| Address: 25 Knisl | kern Ave. Mechanicville, NY | 12118 | TE 113/23 |
| Certificate valid ui | til: | | Date: |
| This ce | rtifies that the above employment is in a Subject to any limitat | ccordance with Law and Rion or condition specified a | ules made in pursuance to Law. |
| By: /Ch | (-/// | эт общиной вресуний и | Date: / / |
| | 111-1 | | 11/1/2027 |

| From: City | ⊠ County □ | Town 🔲 V | fillage Or District |
|-------------------------|--|--|---|
| Department: | | | mage of District L |
| | He District Public | 1 horaco | |
| Name And Title of L | ast Employee In Position: | Chares | |
| | Josep | h Owens Clea | are |
| Name of Employee: | | | locial Security Number: |
| . , | Kimberly Gillick | , , | dela secono seconder. |
| Address: | .) 2011-01- | | U |
| | · · · · · · · · · · · · · · · · · · · | | |
| Title of Position: | leanes | | Salary \$15.00 per hr. |
| Non-Veteran 🔽 | Veteran Disabled V | eteran ☐ Exempt | Volunteer Firefighter |
| Appointments | Check Nature Of | Effective Date | Action Necessary By |
| | Personnel Change | Breedive Bate | Appointing Officer |
| | Permanent | | |
| | Provisional | | Return Report of Certification |
| | Temporary | 11-13-23 | Attach Application |
| | For Term of Office | From To | State Length of Employment |
| | Permanent Promotion | From To | Give Facts Under Remarks |
| | Provisional Promotion | | Return Report of Certification |
| | Non-Competitive Class | | Attach Nomination |
| | Exempt Class | | Attach Application |
| 0.5 | Labor Class | | Submit This Form Only |
| Terminations | Resignation | | Attach Application |
| 1 Cl IIIII ativii | Retirement | | Submit Signed Resignation Give Effective Date |
| | Deceased | | Indicate Date |
| | Removal | | |
| | Layoff (lack of work or funds) | | Attach Copy of Proceedings Give Facts Under Remarks |
| Other Changes | Military Leave of Absence | | Give Facts Under Remarks Give Facts Under Remarks |
| | Other Leave of Absence | From To | Give Facts Under Remarks |
| | Transfer | 110111 10 | Give Facts Under Remarks |
| | Demotion | | Give Facts Under Remarks |
| | Suspension | | Give Facts Under Remarks |
| | Reinstatement | | Give Facts Under Remarks |
| | Change in Classification | | Give Facts Under Remarks |
| | New Position | | Submit Form |
| | Change in Salary | | Indicate New Salary |
| | Change in Name | | Give Facts Under Remarks |
| | Other | | Give Facts Under Remarks |
| Remarks: | | | CITO I DOIS OTHOR ACMARKS |
| ن ، ر | 110-4111 | | R. Lindemann |
| Appointing Officer: | Michelle Ducil | and a contract | CHANICVILLE CIVIL |
| Title: Divector | | | TVICE COMMISSION |
| Address: | Main St Mechanica | Party of the state | EVED. |
| Certificate valid until | | INK IAA 14118 | 11/2 Sale: 23 |
| This certi | fies that the above employment is in a | accordance with Law and Rule | es made in pursuance to Law. |
| By: () | Subject to any limita | tion or condition specified abo | |
| By: Michell | 1 X Duille | | Date: |

Employee Civil Service Listing For 10/13/2023 - 10/13/2023 - All Wages Paid

| NOISIAN | |
|---------|--|
| | |

| Employee Name | NSS | Retirement # Building | CS Code | CS Type | CS Title | Rate | Act Hours Per Week | Normal Pav | Annual | * | Wages Paid |
|------------------------|-----|-----------------------|--------------------|---------|----------------------------------|----------|-----------------------|---------------|------------|------|------------|
| Arceneaux, Mary V | | 10 | TCHR AIDE | Perm | Teacher Aide | 20.21/hr | 32.50 | 1,169.66 | 24,562.87 | | 1,169.66 |
| Avery, Lauren | | 10 | TYPIST | Тетр | Typist | 16.36/hr | 17.50 | 572.60 | 14,887.60 | | 595.50 |
| Birch, Jodi | | 20 | BUS MANGR | Perm | Business Manager | 59.38/hr | 40.00 | 4,750.54 | 123,514.00 | | 4,750.53 |
| Bouchard, Rebecca A | | 03 | FDSRVWRK | Perm | Food Service Worker | 14.75/hr | 27.50 | 722.25 | 15,167.29 | | 722.25 |
| Breen, John T | | 8 | BUSDRVR | Perm | Bus Driver | 22.90/hr | 20.00 | 815.50 | 17,125.46 | | 1,206.65 |
| Brunick, Colleen A | | \$ | BUS ATT | Perm | Bus Attendant | 14.75/hr | 20.00 | 525.27 | 11,030.76 | | 661.68 |
| Callanan, Britton F | | 8 | BUSDRVR | Perm | Bus Driver | 25.64/hr | 20.00 | 913.33 | 19,180.09 | | 1,169.75 |
| Callanan, Harold W | | 04 | BUSDRVR | Perm | Bus Driver | 23.95/hr | 20.00 | 852.90 | 17,910.80 | | 1,164.19 |
| Cantrell, Tracie L | | 03 | FDSRVWRK | Perm | Food Service Worker | 15.02/hr | 20.00 | 449.23 | 11,230.76 | | 449.23 |
| Castillo, Lucas L | | 01 | CLEANER | Perm | Cleaner | 18.06/hr | 40.00 | 1,444.38 | 37,553.92 | | 1,444.38 |
| Cefferillo, Gloria J | | 10 | FDSRVWRK | Реш | Food Service Worker | 19.02/hr | 15.00 | 508.11 | 10,670.23 | | 508.11 |
| Cefferillo, Patricia M | | 33 | MONITOR | Perm | Monitor | 23.40/hr | 30.00 | 1,250.12 | 26,252.50 | | 1,296.92 |
| Conlen, Jr., John J | | 74 | BUSDRVR | Perm | Bus Driver | 22.90/hr | 20.00 | 815.50 | 17,125.46 | | 1,124.64 |
| Cooper Jr., Kenneth D | | н | FAMENGAGE MENT | : Prov | Family Engagement Coordinator | 30.01/hr | 37.50 | 2,003.91 | 42,082.01 | | 2,003.91 |
| Covey, Joshua E | | 23 | LABORER | Perm | Laborer | 19.45/hr | 40.00 | 1,556.19 | 40,461.03 | | 836.54 |
| Czajkowski, Joanne M | | 13 | Head Cook | Perm | Head Cook | 21.40/hr | 35.00 | 1,333.94 | 28,012.69 | | 1,333.94 |
| DeCota, Tonya M | | = | CLEANER | Рет | Cleaner | 19.42/hr | 40.00 | 1,553.83 | 40,399.70 | | 1,553.83 |
| Degener , Sandra | | · . | FDSRVWRK | Prob | Food Service Worker | 14.63/hr | 25.00 | 626.59 | 16,414.86 | . 1. | 566.91 |
| DeMarco, Amy P | | ឆ | TCHR AIDE | Perm | Teacher Aide | 17.73/hr | 35.00 | 1,241.14 | 32,269.62 | | 1,264.78 |
| | | | TYPIST | Prov | Typist | | | | | | |
| Demers, Сате М | | ¥ | BUSDRVR | Реш | Bus Driver | 29.82/hr | 20.00 | 1,061.97 | 22,301.36 | | 2,377.56 |
| Dion, Kristie M | | | TCHR AIDE | Perm | Teacher Aide | 16.10/hr | 32.50 | 782.58 | 19,564.40 | | 909.55 |
| Divirgilio, Kara M | | . 83 | TCHR AIDE | Реш | Teacher Aide | 17.30/hr | 32.50 | 1,001.08 | 21,022.70 | · | 1,001.08 |
| Doin, Jenna N | | Ξ. | CLEANER | Perm | Cleaner | 19.42/hr | 40.00 | 1,553.83 | 40,399.70 | | 1,553.83 |
| Drescher, Patricia A | | FC | Head Cook | Perm | Head Cook | 18.06/hr | 35.00 | 1,125.77 | 23,641.04 | | 1,134.80 |
| Dunn, Kimberly A | ų, | 10 | Admin Secretary | Рет | Administrative Secretary | 21.85/hr | 37.50 | 1,638.83 | 42,609.45 | | 1,638.83 |
| Dunn, Paula J | | 01 | CLERK | Рет | Clerk | 28.31/hr | 32.50 | 1,376.33 | 34,408.25 | | 1,643.63 |
| Edwards, Kayla | | 02 | TCHR AIDE | Temp | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | | 850.68 |
| Fiacco, Larissa A | 1 | | TCHR AIDE | Perm | Teacher Aide | 17.07/hr | 32.50 | 988.00 | 20,748.00 | | 1,241.94 |
| Fisher, Jammie M | | . 05 | TCHR AIDE | Рет | Teacher Aide | 14.75/hr | 32.50 | 717.00 | 17,924.98 | • | 717.00 |
| | | | | | | | | | | | |

Employee Civil Service Listing For 10/13/2023 - 10/13/2023 - All Wages Paid

NVISION

| Employee Name | NSS | Refirement # Building | مار بر | Carry Sol | - First 30 | | Act Hours | Normal | Annual | |
|---------------------------|-----|-----------------------|--------------------|-----------|-----------------------------|----------|-----------|----------|-----------|------------|
| | | final # House Harris | ango co | es iype | CS little | Kate | Per Week | Pay | Salary | Wages Paid |
| roman, misty L | | 10 | FDSRVWRK | Perm | Food Service Worker | 14.70/hr | 25.00 | 654.37 | 13,741.70 | 690.089 |
| Germain, Tracy A | | 01 | SR TYPIST | Perm | SENIOR TYPIST | 22.53/hr | 37.50 | 1,689.51 | 43,927.20 | 1,919.73 |
| Giacumo, Daniel | | 10 | COMP TECH | Prov | Computer Technician | 32.05/hr | 37.50 | 2,403.75 | 62,497.50 | 2,403.75 |
| Gidley, Brian A | | 10 | DIR IT | Prov | Director of Information | 45.00/hr | 40.00 | 3,600.00 | 93,600.00 | 3,600.00 |
| Gorman, Alice L | | 60 | CLEANER | Perm | Cleaner | 22.75/hr | 40.00 | 1,819.89 | 47,317.12 | 1,819.89 |
| Gowie, Cynthia | | 01 | FDSRVWRK | Perm | Food Service Worker | 14.75/hr | 25.00 | 551.54 | 13,788.45 | 551.54 |
| Guerrero-Garmley, Mandy l | | 03 | NURSE | Perm | Nurse | 35.58/hr | 35.00 | 2,218.01 | 46,578.15 | |
| Guiliano, Kelly M | | 03 | TCHR AIDE | Perm | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 850.68 |
| Gwynn, Alexa | | 5 | TCHR AIDE | Temp | Teacher Aide | 14.63/hr | 32.50 | 711.31 | 17,782.77 | 711.31 |
| Hernandez, Olivia A | | 9 | TCHR AIDE | Temp | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 850.68 |
| Herring, Gtoria M | | 03 | TCHR AIDE | Perm | Teacher Aide | 17.30/hr | 32.50 | 1,001.08 | 21,022.70 | 1,114.68 |
| Herrington, James F | | 04 | BUSDRVR | Perm | Bus Driver | 24:83/hr | 20.00 | 884.28 | 18,569.78 | 1,787.33 |
| Higgins, Karen L | | 01 | Admin Secretary | Perm | Administrative Secretary | 23.86/hr | 37.50 | 1,789.79 | 46,534.35 | 1,909.11 |
| Hollenbeck, Casey L | | 10 | TCHR AIDE | Temp | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 850.68 |
| Howland, Priscilla M | | 03 | TCHR AIDE | Temp | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 820.68 |
| Hunsaker, Anthony L | | 40 | BUSDRVR | Prob | Bus Driver | 22.23/hr | 20.00 | 791.81 | 16,628.04 | 1,041.90 |
| Jenkins, Lindsay N | | 02 | TCHR AIDE | Тетр | Teacher Aide | 14.70/hr | 32.50 | 714.57 | 17,864.20 | 714.57 |
| Jesmain, Jamie | | . 40 | BUSDRVR | Регт | Bus Driver | 23.75/hr | 20.00 | 710.69 | 17,767.18 | 1,121.69 |
| Jones, Ronald W | | 90 | BUSDRVR | Perm | Bus Driver | 23.95/hr | 20.00 | 716.43 | 17,910.80 | 1,057.65 |
| Kearbey, Maryanne | | 60 | MONITOR | Perm | Monitor | 14.70/hr | 15.00 | 392.62 | 8,245.02 | 392.62 |
| King, Jami J | | 03 | TCHR AIDE | Temp | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 820.68 |
| Kling, MaryLouise | | . 01 | TYPIST | Prob | Typist | 16.36/hr | 17.50 | 572.60 | 14,887.60 | 571,65 |
| Larkin, Shane W | | 40 | BUSDRVR | Рет | Bus Driver | 24.14/hr | 20.00 | 859.99 | 18,059.65 | 1,719.29 |
| Lavazzo, Vincent P | | 40 | BUSDRVR | Реш | Bus Driver | 22.90/hr | 20.00 | 815.50 | 17,125.46 | 1,176.10 |
| Lescault, Tamara A | | 01 | TCHR AIDE | Рет | Teacher Aide | 17.30/hr | 32.50 | 1,001.08 | 21,022.70 | 1,001.08 |
| MacDonald, Brandy J | | 5 | CLEANER | Perm | Cleaner | 18.89/hr | 40.00 | 1,510.89 | 39,283.24 | 1,510.89 |
| Mackenzie, Shannon | | 03 | TCHR AIDE | Тетр | Teacher Aide | 14.63/hr | 32.50 | 711.31 | 17,782.77 | 663.76 |
| Mackey, Deborah A | | 10 - | FOODSRVCDI Perm |)! Perm | Food Service | 48.41/hr | 40.00 | 2,896.83 | 72,420.69 | 2,896.83 |
| Maiello, Mary M | | . 03 | CLERK | Perm | Clerk | 21.44/hr | 32.50 | 1,240.76 | 26,055.97 | 1,367.73 |
| Maioriello-Bornt, Beth A | | ، 07 | Admin Secretary | Prov | Administrative Secretary | 21.91/hr | 37.50 | 1,643.48 | 42,730.35 | 1,643.48 |
| | | | | | | | | | | |

Page

2/2

Employee Civil Service Listing For 10/13/2023 - 10/13/2023 - All Wages Paid

| | Segretifien # Dollang | 3000 | | 201100 | Nate P | rer week | Pay | Salary | Wages Paid |
|-------------------------|-----------------------|--------------------|------|---------------------------------|----------|----------|----------|-----------|---------------|
| Manzer, Joseph H | . 01 | BLDG/GRD SUP | Perm | BUILDING/GROUN DS SUPERVISOR | 36.92/hr | 40.00 | 2,953.38 | 76,787.81 | 2,953.38 |
| McAllister, Danielle R | 03 | FDSRVWRK | Perm | Food Service Worker | 16.49/hr | 15.00 | 440.41 | 9,248.65 | 1,622.57 |
| | 03 | BUS ATT | Perm | Bus Attendant | 16.72/hr | 20.00 | 595.47 | 12,504.94 | |
| McBride, Steven H | 01 | GRDS | Perm | Groundskeeper | 21.55/hr | 30.00 | 1,293.22 | 33,623.68 | 1,293.22 |
| Melvin, Dana M | 04 | BUSDRVR | Perm | Bus Driver | 29.82/hr | 20.00 | 1,061.97 | 22,301.36 | 1,881.88 |
| Monahan, Karla Y | 03 | TCHR AIDE | Perm | Teacher Aide | 14.75/hr | 32.50 | 853.57 | 17,924.98 | 717.00 |
| Monroe, Traci | 01 | COMP TECH | Prov | Computer Technician | 32.05/hr | 37.50 | 2,403.75 | 62,497.50 | 2,403.75 |
| Muller, J. Eric | 03 | SAFETY | Prov | Safety Liaison | 25.55/hr | 37.50 | 1,433.36 | 35,833.88 | 1,540.28 |
| Niles, Samantha | | TCHR AIDE | Temp | Teacher Aide | 17.65/hr | 35.00 | 1,099.95 | 23,099.00 | 1,099.95 |
| Perkins, Karen M | 03 | MONITOR | Perm | Monitor | 18.46/hr | 15.00 | 493.08 | 10,354.67 | 802.68 |
| Petrie, David W | 01 | SAFETY | Perm | Safety Liaison | 25.68/hr | 37.50 | 1,714,92 | 36,013.40 | 1,714.92 |
| Pisculli, Johnna L | 03 | TCHR AIDE | Perm | Teacher Aide | 14.75/hr | 32.50 | 717.00 | 17,924.98 | 717.00 |
| Pisculli, Josephine D | 03 | Admin Secretary | Рет | Administrative Secretary | 23.30/hr | 37.50 | 1,747.24 | 45,428.20 | 1,747.24 |
| Prairie, Andrea | 03 | TCHR AIDE | Тетр | Teacher Aide | 14:63/hr | 32.50 | 846.80 | 17,782.77 | 846.80 |
| Pratt, Michael J | 04 | TRANSUPV | Perm | Transportation Supervisor | 45.72/hr | 40.00 | 3,657.36 | 95,091.27 | 3,657.36 |
| Pratt, Sandra L | 04 | BUSDRVR | Perm | Bus Driver | 26.70/hr | 20.00 | 951.06 | 19,972.16 | 1,558.51 |
| Retell, Daniel R | 03 | CLEANER | Perm | Cleaner | 19.42/hr | 40.00 | 1,553.83 | 40,399.70 | 1,553.83 |
| Rivera, Samantha | 63 | CLEANER | Perm | Cleaner | 17.97/hr | 40.00 | 1,437.66 | 37,379.20 | 1,268.51 |
| Rose, Charlotte F | 8 | BUSDRVR | Perm | Bus Driver | 25.41/hr | 20.00 | 905.04 | 19,005.87 | 1,886.46 |
| Rose, David D | 03 | CLEANER | Perm | Cleaner | 17.57/hr | 25.00 | 878.70 | 22,846.20 | 1,531.13 |
| Rose, Helen L | 01 | Head Cook | Perm | Head Cook | 28.67/hr | 35.00 | 1,786.99 | 37,526.70 | 1,786.99 |
| Scherl, Melissa A | £0 | TCHR AIDE | Perm | Teacher Aide | 15.28/hr | 32.50 | 743.00 | 18,574.98 | 743.00 |
| Sikamiotis, Barbara A | 01 | NURSE | Рет | Nurse | 36.58/hr | 35.00 | 2,279.91 | 47,878.15 | 2,279.91 |
| Simons, Kelly | 10 | NETTECH | Prov | Network and | 20.72/hr | 37.50 | 1,554.00 | 40,404.00 | 1,828.40 |
| | | ; | | Coordinator | | | | | 7 V 27, |
| Sivers, Jessica | 03 | CLEANER | Perm | Cleaner | 17.49/hr | 20.00 | 699.60 | 18,189.60 | 827.16 |
| Sivers, Jordan M | 010 | LABORER | Prob | Laborer | 19.05/hr | 40.00 | 1,524.28 | 39,631.36 | 1,552.86 |
| Smith, Maryann | 04 | BUS ATT | Регт | Bus Attendant | 14.75/hr | 20.00 | 525.27 | 11,030.76 | 744.97 |
| Toleman, Kristee-Lynn A | 03 | TCHR AIDE | Реш | Teacher Aide | 14.75/hr | 32.50 | 717.00 | 17,924.98 | 717.00 |
| Tuttle, Amanda L | 40 | BUS ATT | Реш | Bus Attendant | 15.22/hr | 20.00 | 541.94 | 11,380.76 | 1,465.41 |
| | | MONITOR | Рет | Monitor | | | | | |

Page

Employee Civil Service Listing For 10/13/2023 - 10/13/2023 - All Wages Paid

| Employee Name | SSN | Retirement # Building | CS Code | CS Type | CS Title | A Rate | Act Hours Rate Per Week | Normal | Annual | Wages Paid |
|---------------------|-----|-----------------------|-----------|---------|-------------------|-----------|----------------------------|----------|------------------|------------|
| Ubrich, Mary T | | 02 | TCHR AIDE | Perm | Teacher Aide | 18.05/hr | 32.50 | 1.044.65 | 2 | 1 044 65 |
| Urkevich, Deborah L | | 8 | BUSDRVR | Perm | Bus Driver | 24.14/hr | 20.00 | 859.99 | | 1.246.20 |
| Vedder, Nyisha | | 02 | TCHR AIDE | Тетр | Teacher Aide | 14.63/hr | 32.50 | 846.80 | 17.782.77 | 67.042'1 |
| Viall, Gary G | | 2 | MECHANIC | Perm | Mechanic | 24.19/hr | 40.00 | 1,935.20 | | 2.152.91 |
| Viall, Joshua | | 04 | MECHANIC | Prob | Mechanic | 23.30/hr | 40.00 | 1,864.00 | | 2.006.94 |
| Vredenburg, Carl J | | 10 | LABORER | Perm | Laborer | 24.68/hr | 40.00 | 1,973.97 | 51.323.27 | 2.159.04 |
| Waldron, Rachael A | | 03 | TCHR AIDE | Perm | Teacher Aide | 14.70/hr | 32.50 | 850.68 | 17,864.20 | 850.68 |
| Warren, Meghan M | | 02 | CiO | Perm | Chief Information | 52.45/hr | 40.00 | 4,196.15 | | 4,246.52 |
| Wickham, Patricia L | | 03 | TCHR AIDE | Perm | Teacher Aide | 15.68/hr | 32.50 | 907.56 | 907.56 19,058.75 | 907.56 |
| Wilkie, Nathan | | 10 | LABORER | Perm | Laborer | 18.92/hr | 40.00 | 1,513.34 | 39,346.73 | 1,598.47 |
| Wynn, Alycia A | | 10 | CLERK | Perm | Clerk | 16.71/hr | 32.50 | 967.29 | | 1,309.78 |
| Zielnicki, Daniel J | | 03 | LABORER | Perm | Laborer | 26.10/hr | 40.00 | 2,087.57 | | 2,244.14 |

137,031.52

Grand Total:



OF POSITIONS AND EMPLOYMENTS INDICATED, AND THAT THE PERSONS DESCRIBED HEREIN AS LABORERS ARE EMPLOYED AT ORDINARY UNSKILLED LABOR ONLY I HEREBY CERTIFY THAT THE PERSONS NAMED IN THE FOREGOING PAYROLL ARE EMPLOYED SOLELY IN AND HAVE ACTUALLY PERFORMED THE PROPER DUTIES EMPLOYED AS LABORERS, HAVE TAKEN AND FILED THE CONSTITUTIONAL OATH IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 574, LAWS OF 1917. dolland is certified for payment from the appropriatons authorized, and that the persons named herein', except Hose appointed and IS APPROVED AT \$ 137,031.52 DOLLARS, (VALUE WRITTEN OUT) (My hypological this to se ver thusand 10/6/2033 AND ENDING ON THAT SAID PAYROLL FOR THE PAYROLL PERIOD COMMENCING ON 9/23/2023

| 10/18/2023 DATE | SIGNATURE | Duch | Business Managall TITLE |
|----------------------|-----------|---------------------------|-------------------------|
| CERTIFICATION OF THE | Reministe | CIVIL SERVICE COMMISSION: | |

APPROPRIATE RETIREMENT SYSTEM WHERE SUCH PERSONS ARE MEMBERS BY MANDATE IN ACCORDANCE WITH THE RETIREMENT AND SOCIAL SECURITY WHOSE NAME APPEARS ON THE ESTIMATE, PAYROLL OR ACCOUNT SHALL HAVE BEEN SEPARATED FROM THE SERVICE OR IF STATUS SHALL CHANGE IN COMPENSATION SHOWS, IN ACCORDANCE WITH THE CIVIL SERVICE LAW AND THE RULES MADE IN PURSUANCE THEREOF, AND ARE MEMBERS OF AN UNLESS OTHERWISE NOTED. BUT WHEN ANY PERSON __ NAMES, HAVE BEEN APPOINTED TO OR PROMOTED TO OR EMPLOYED IN THE POSITIONS, AND PLACES, AND AT THE RATES OF I HEREBY CERTIFY THAT, WITH THE EXCEPTIONS AS SHOWN, THE EMPLOYEES NAMED IN THIS ESTIMATE, PAYROLL, OR ACCOUNT CONTAINING ANY WAY, THIS CERTIFICATE SHALL APPLY TO THAT PERSON ONLY UP TO THE TIME SUCH SEPARATION OR CHANGE SHALL HAVE TAKEN PLACE. 9/30/24 LAW, AND ARE CERTIFIED THROUGH

| Secretary | TITLE |
|--------------------|-----------|
| Rose Com Lindemann | SIGNATURE |
| November 14, 2023 | DATE . |

EXCEPTIONS:

| Date List Established: 6-Dec-23 Expiration Date: 6-Dec-25 By Commission Action 6-Dec-23 | Cert | |
|---|---------------------|------------------------|
| Date List Establi Expiration Date: By Commission | | |
| | Final Score | 08 |
| NO | Vet's Pts | 0 |
| /ILLE | Exam Score | 80 |
| MECHANICVILLE CIVIL SERVICE COMMISSION | ADDRESS | |
| (Special) Police Officer - #60131 Prepared by Rose Ann Lindemann Checked by Dawnmarie Robens | NAME | Austin Kinisky-Duffney |
| (Special) Police Off Prepared by Checked by | Standing on List | - |

| TITLE OF Police Of | TITLE OF ELIGIBLE LIST Police Officer - #63187 | MECHANICVILLE CIVIL SERVICE COMMISSION | SION | | | | | |
|---------------------------|---|--|-------|-------|------------|--|----------------------|-----------------|
| Prepared by Checked by | Prepared by Rose Ann Lindemann R Checked by <u>Dawnmarie Robens</u> On | | | | | Date List Established: Expiration Date: | 6-Dec-23 6-Dec-26 | |
| | | | | | | By Commission Action | 6-Dec-23 | |
| Standing 2n list | | ADDERE | Exam | Vet's | Final | Canvass Result | Certifications | Date and |
| | l ovi Ficko | | aloge | SIL | alogo G | | | Nature of Appt. |
| - 2 | Michael Carlo | | 85 | | 85 | | | |
| က | Andrew Maranville | | 85 | | 85 | | | |
| 4 | Kelsey Murphy | | 85 | | 85 | | | |
| 5 | Nickolas Dunn | | 85 | | 85 | | | |
| | | | | | | | | |
| 9 | Jonathan Dupras | The state of the s | 85 | | 85 | | | |
| | | | | | | | | |
| 7 | Haileigh Justus | | 80 | | 80 | | | |
| 8 | Alexandra Safford | | 80 | | 80 | | | |
| 6 | Jacob Pashley | | 80 | | 80 | | | |
| 10 | Noah Powers | | 80 | | 80 | | | |
| 11 | Arafat Alshegaa | | 80 | | 80 | | | |
| 12 | Tanner Gamache | | 80 | | 80 | | | |
| 13 | Matthew Merlino | | 80 | | 80 | | | |
| 14 | John Lyons | | 80 | | 80 | | | |
| 15 | Nicholis Rosado | | 22 | | 75 | | | |
| 16 | Musa Naji | | 22 | | 75 | | | |
| 17 | Jonathan Binner | | 20 | | 70 | | | |
| 18 | James Waters | | 20 | | 70 | | | |
| | | | | | | | | |
| | | | | | | | | |