

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

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
 Mechanicville

Department: Public Safety

Name And Title of Last Employee In Position :
FRANK Izzo

Name of Employee: Andrew Hollenbeck Social Security Number:

Address:

Title of Position: Cleaner Salary: 15/HR

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			
<input type="checkbox"/> Provisional				Attach Application
<input type="checkbox"/> Temporary		From	To	State Length of Employment
<input type="checkbox"/> Substitute		From	To	Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From	To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion				Return Report of Certification
<input type="checkbox"/> Provisional Promotion				Attach Nomination
<input type="checkbox"/> Non-Competitive Class				Attach Application
<input type="checkbox"/> Exempt Class				Submit This Form Only
<input type="checkbox"/> Labor Class				Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		<u>10/13/23</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
	<input type="checkbox"/> Other			Give Facts Under Remarks

Remarks:

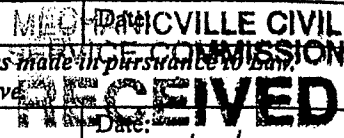
Appointing Officer: Fred Husley Frederick Husley

Title: Comm. Of Public Safety

Address: 36 North Main Street, Mechanicville, NY 12118 R. Lindeman

Certificate valid until:

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



By: _____ Date: 11/2/23

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,

A handwritten signature in black ink, appearing to read "Andrew T Hollenbeck". The signature is fluid and cursive, with a prominent loop at the end.

Andrew T Hollenbeck

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
 Mechanicville

Department: Public Safety

Name And Title of Last Employee In Position :

Name of Employee: Ethel Baisley Social Security Number: _____

Address: _____

Title of Position: Clerk PT (Substitute) Salary: 15 HR

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input checked="" type="checkbox"/> Non-Competitive Class		<u>10/13/23</u>	Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input checked="" type="checkbox"/> Other	<u>pt. sub.</u>		Give Facts Under Remarks

Remarks: Ethel will remain as substitute

Appointing Officer: Fredricktholej

Title: Comm. of Public Safety

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.*

By: _____ Date: 11/2/23

R. Lindeman

MECHANICVILLE CIVIL SERVICE COMMISSION
RECEIVED
Date: 11/2/23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
Mechanicville

Department: Public Safety

Name And Title of Last Employee In Position :

Name of Employee: Patricia Brown Social Security Number:

Address: _____

Title of Position: Clerk / Pt (substitute) Salary: 15/HR

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
<input type="checkbox"/> Provisional		Attach Application	
<input type="checkbox"/> Temporary	From To	State Length of Employment	
<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks	
<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
<input type="checkbox"/> Permanent Promotion		Return Report of Certification	
<input type="checkbox"/> Provisional Promotion		Attach Nomination	
<input checked="" type="checkbox"/> Non-Competitive Class	<u>10-13-23</u>	Attach Application	
<input type="checkbox"/> Exempt Class		Submit This Form Only	
<input type="checkbox"/> Labor Class		Attach Application	
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input checked="" type="checkbox"/> Other	<u>pt. / substitute</u>	Give Facts Under Remarks	

Remarks: Patti will remain as substitute.

Appointing Officer: Frederick Husley R. Lindemann
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Comm. of Public Safety

Address: 36 North Main Street, Mechanicville, NY 12118

Certificate valid until: _____ DATE 10/31/23 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: _____



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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
Mechanicville

Department: **Public Safety**

Name And Title of Last Employee In Position :
Pat Brown / Ethel Baisley

Name of Employee: **Eileen Day** Social Security Number: _____

Address: _____

Title of Position: **Clerk (PT)** Salary: **16/HR**

Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class	10/12/23	Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks: _____

Appointing Officer: **Frederick Hosley** *R. Lindeman*

Title: **Comm. Hosley** **MECHANICVILLE CIVIL SERVICE COMMISSION**

Address: **36 North Main Street, Mechanicville, NY 12118** **RECEIVED**

Certificate valid until: _____ Date: **10/31/23**

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

By: _____ Date: _____

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District
 Mechanicville

Department: Public Safety

Name And Title of Last Employee In Position: Andrew Hollenbeck

Name of Employee: Kevin Rose Social Security Number: _____

Address: _____

Title of Position: Cleaner (Senior Center) Salary: 15/HR

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent				
<input type="checkbox"/> Provisional					Attach Application
<input type="checkbox"/> Temporary		From	To		State Length of Employment
<input type="checkbox"/> Substitute		From	To		Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From	To		Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion					Return Report of Certification
<input type="checkbox"/> Provisional Promotion					Attach Nomination
<input type="checkbox"/> Non-Competitive Class					Attach Application
<input type="checkbox"/> Exempt Class					Submit This Form Only
<input checked="" type="checkbox"/> Labor Class				<u>10/16/23</u>	Attach Application
Terminations	<input type="checkbox"/> Resignation				Submit Signed Resignation
	<input type="checkbox"/> Retirement				Give Effective Date
	<input type="checkbox"/> Deceased				Indicate Date
	<input type="checkbox"/> Removal				Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence				Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From	To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer				Give Facts Under Remarks
	<input type="checkbox"/> Demotion				Give Facts Under Remarks
	<input type="checkbox"/> Suspension				Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement				Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification				Give Facts Under Remarks
	<input type="checkbox"/> New Position				Submit Form
	<input type="checkbox"/> Change in Salary				Indicate New Salary
	<input type="checkbox"/> Change in Name				Give Facts Under Remarks
<input type="checkbox"/> Other				Give Facts Under Remarks	

Remarks: _____

Appointing Officer: Frederick Harley R. Lenderman
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Comm. of Public Safety

Address: 36 North Main Street, Mechanicville, NY 12118

RECEIVED

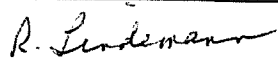
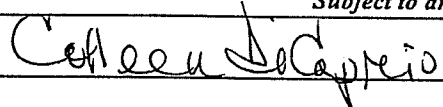
Certificate valid until: _____ DATE _____ Date: 12/31/23

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

By: _____ Date: _____

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Diana Ackley	Social Security Number:		
Address:			
Title of Position: Cafeteria Monitor	Salary:		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	10/1/22	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Colleen DiCaprio		 MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 11/15/23	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 		Date: 11/14/23	

8/15/22, 12:25 PM

MCSO Mail - Fwd: FMLA/ return to work



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

Fwd: FMLA/ 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 x1102



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, 2022.

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 of October 1, 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> wrote:

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/u/0/?ik=923e9b515c&view=pt&search=all&permthid=thred-f%3A1739964378111647518&simpl=msg-f%3A174124509291112>

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Susan Blair		Social Security Number:	
Address:			
Title of Position: Bus Driver			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	8/3/22	Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		11/15/23	
Certificate valid until:		Date:	
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.			
By: <i>C. DiCaprio</i>		Date: 11/14/23	

MechanicvilleCSD

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



Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Cruzita Garcia		Social Security Number:	
Address:			
Title of Position: Monitor			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	9/30/22	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager		<small>DATE</small> <u>11/15/23</u> <small>Date:</small>	
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>C DiCaprio</i>		Date: <u>11/14/23</u>	

9/26/22, 10:48 AM

MCSO Mail - Fwd: Resignation



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

Fwd: Resignation

2 messages

Dieckmann, Don <ddieckmann@mechanicville.org>

Mon, Sep 26, 2022 at 9:57 AM

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

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.

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

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>

Mon, Sep 26, 2022 at 10:48 AM

To: 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,

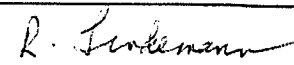
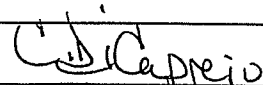
Cruzita Garcia

<https://mail.google.com/mail/u/0/?ik=923e9b515c&view=pt&search=all&permthid=thread-f%3A1745040859776608557&siml=msg-f%3A1745040859>

1/2

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Roberta Mattison		Social Security Number:		
Address:				
Title of Position: <i>Teacher Aide</i>			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		6/13/22	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Colleen DiCaprio		 MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED		
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:		Date: <u>11/15/23</u>		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 		Date: <u>11/14/23</u>		

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> Mon, Jun 13, 2022 at 2:58 PM
To: Jodi Birch <jbirch@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 Principal
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 aids position with the Mechanicville City School District. This decision will take place effective immediately. However, with this being said I truly 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. I thank each 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 rock stars. Have a safe and happy summer break!

Sincerely,
~ Robyn Mattison Rohloff



Germain, Tracy <tgermain@mechanicville.org>
To: Michael Mitchell <mmitchell@mechanicville.org>
Cc: Catherine O'Brien <cobrien@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>

Mon, Jun 13, 2022 at 4:58 PM

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

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: _____

Name And Title of Last Employee In Position : _____

Name of Employee: Tammy Penk-Hill Social Security Number: _____

Address: _____

Title of Position: Cook Salary: _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input type="checkbox"/> Non-Competitive Class			Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	8/10/21	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks: _____

Appointing Officer: Colleen DiCaprio *R. Lindeman*
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Business Manager **RECEIVED**

Address: 25 Kniskern Ave. Mechanicville, NY 12118 DATE 11/15/23

Certificate valid until: _____ Date: _____

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

By: *CDiCaprio* Date: 11/14/23

August 10, 2021

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

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Molly Wroblewski		Social Security Number:		
Address:				
Title of Position: Teacher Aide			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation		11/30/22	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: <u>11/15/23</u> Date:		
Certificate valid until:				
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A Birch</i>		Date: 12/16/22		



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>

Hello,

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 (Wroblewski)

--
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>

Wed, Nov 16, 2022 at 9:25 AM

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

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

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. 1103



Dieckmann, Don <ddieckmann@mechanicville.org>

Wed, Nov 16, 2022 at 9:32 AM

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Sandra Reilly	Social Security Numbr:			
Address:				
Title of Position: Stenographer	Salary:			
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent		Return Report of Certification	
	<input type="checkbox"/> Provisional		Attach Application	
	<input type="checkbox"/> Temporary	From To	State Length of Employment	
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion		Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class		Attach Application	
	<input type="checkbox"/> Exempt Class		Submit This Form Only	
	<input type="checkbox"/> Labor Class		Attach Application	
	Terminations	<input checked="" type="checkbox"/> Resignation	09/23/22	Submit Signed Resignation
		<input checked="" type="checkbox"/> Retirement		Give Effective Date
		<input type="checkbox"/> Deceased		Indicate Date
<input type="checkbox"/> Removal			Attach Copy of Proceedings	
<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks		
Remarks:				
Appointing Officer: Colleen DiCaprio		<i>K. Lindemann</i>		
Title: Business Manager		MECHANICVILLE CIVIL SERVICE COMMISSION		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		RECEIVED		
Certificate valid until:		DATE	Date: 11/15/23	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Colleen DiCaprio</i>		Date: 11/14/23		

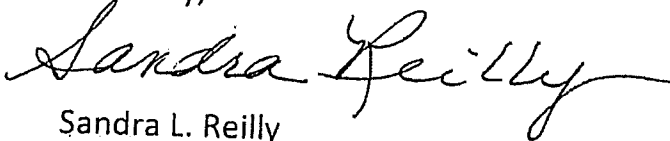
June 8, 2022

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,

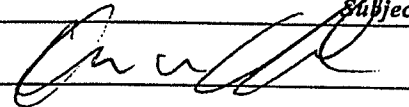
A handwritten signature in cursive script that reads "Sandra Reilly". The signature is written in black ink and is positioned above the printed name.

Sandra L. Reilly

Scnt 11/2/23

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Joshua Covey					Social Security Number:		
Address:							
Title of Position: Laborer						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer		
	<input type="checkbox"/>	Permanent			Return Report of Certification		
	<input type="checkbox"/>	Provisional			Attach Application		
	<input type="checkbox"/>	Temporary	From	To	State Length of Employment		
	<input type="checkbox"/>	For Term of Office	From	To	Give Facts Under Remarks		
	<input type="checkbox"/>	Permanent Promotion			Return Report of Certification		
	<input type="checkbox"/>	Provisional Promotion			Attach Nomination		
	<input type="checkbox"/>	Non-Competitive Class			Attach Application		
	<input type="checkbox"/>	Exempt Class			Submit This Form Only		
	<input type="checkbox"/>	Labor Class			Attach Application		
Terminations	<input checked="" type="checkbox"/>	Resignation	11/10/23		Submit Signed Resignation		
	<input type="checkbox"/>	Retirement			Give Effective Date		
	<input type="checkbox"/>	Deceased			Indicate Date		
	<input type="checkbox"/>	Removal			Attach Copy of Proceedings		
	<input type="checkbox"/>	Layoff (lack of work or funds)			Give Facts Under Remarks		
Other Changes	<input type="checkbox"/>	Military Leave of Absence			Give Facts Under Remarks		
	<input type="checkbox"/>	Other Leave of Absence	From	To	Give Facts Under Remarks		
	<input type="checkbox"/>	Transfer			Give Facts Under Remarks		
	<input type="checkbox"/>	Demotion			Give Facts Under Remarks		
	<input type="checkbox"/>	Suspension			Give Facts Under Remarks		
	<input type="checkbox"/>	Reinstatement			Give Facts Under Remarks		
	<input type="checkbox"/>	Change in Classification			Give Facts Under Remarks		
	<input type="checkbox"/>	New Position			Submit Form		
	<input type="checkbox"/>	Change in Salary			Indicate New Salary		
	<input type="checkbox"/>	Change in Name			Give Facts Under Remarks		
<input type="checkbox"/>	Other			Give Facts Under Remarks			
Remarks: R. Lindeman							
Appointing Officer: Kevin Kolakowski							
Title: Superintendent							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date:	
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.							
By: 						Date: 10/25/23	

MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED

10/24/2023

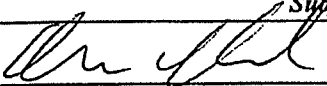
I Joshua Covey will be leaving for a school district closer to home. I have enjoyed working here. I love all the staff and kids. I would like to leave here with no regrets. I can't thank everyone enough for everything you've done for me. A couple years back I took my exams for New York State and they 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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Sandra Bobelak		Social Security Number:	
Address:			
Title of Position: Teacher Aide			Salary: \$14.63
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 11/3/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Kevin Kolakowski		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>11/3/23</u>	
Title: Superintendent			
Address: 25 Kniskern Ave. Mechanicville, NY 12118		Date: <u>R. Lindeman</u>	
Certificate valid until:			Date: <u>6/25/23</u>
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: 			Date: <u>6/25/23</u>

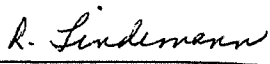
**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

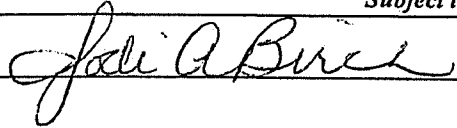
From:	City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Fatoumata Egombe			Social Security Number:	
Address:				
Title of Position: Teacher Aide				Salary: \$14.63
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 10/17/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Jodi A. Birch	 MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>11/3/23</u>
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: 	Date: 10/19/2023
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**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Sally Harris		Social Security Number:	
Address:			
Title of Position: Teacher Aide		Salary: \$14.63	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 1/3/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		<i>R. Lindemann</i>	
Title: Business Manager		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		RECEIVED	
Certificate valid until:		DATE <u>11/3/23</u> DATE	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>		Date: <u>10/18/23</u>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Elizabeth Enzien	Social Security Number:		
Address:			
Title of Position: Teacher Aide	Salary: \$14.63		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input checked="" type="checkbox"/> Temporary	From 1/3/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>10/3/23</u> <i>R. Lindemann</i>	
Appointing Officer: Jodi A. Birch			
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		Date: <i>R. Lindemann</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: <u>10/18/23</u>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Danlel Lucas		Social Security Number:		
Address:				
Title of Position: Teacher Aide			Salary: \$14.63	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary		From 10/16/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Business Manager		RECEIVED		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>11/3/23</u> Date: _____		
Certificate valid until:				
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi Birch</i>		Date: 10/18/23		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Jessica Ryder		Social Security Number:		
Address:				
Title of Position: Teacher Aide			Salary: \$14.63/hr	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary		From 11/3/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input type="checkbox"/> Labor Class			Attach Application
	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
MECHANICVILLE CIVIL SERVICE COMMISSION <i>R. Lindemann</i>				
Appointing Officer: Colleen DiCaprio				
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118			DATE <u>11/3/23</u>	
Certificate valid until:			Date: <u>11/2/23</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Colleen DiCaprio</i>			Date: <u>11/2/23</u>	

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

Report All Personnel Changes On This Form.

From:	City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Jessica Ryder			Social Security Number:	
Address:				
Title of Position: Monitor				Salary: \$14.63
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input checked="" type="checkbox"/> Exempt Class	11/3/23	Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Kevin Kolakowski	<i>R. Lindemann</i>
Title: Superintendent	MECHANICVILLE CIVIL SERVICE COMMISSION
Address: 25 Kniskern Ave. Mechanicville, NY 12118	RECEIVED
Certificate valid until:	Date: 11/3/23
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>	
By: <i>[Signature]</i>	Date: 11/25/23

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Rachael Waldron		Social Security Number:	
Address: Mechanicville, NY 12118			
Title of Position: <u>Teacher Aide</u>			Salary:
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	3/5/23	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Kevin Kolakowski		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>10/27/23</u>	
Title: Superintendent			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			Date:
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>[Signature]</i>			Date: <u>10/27/2023</u>

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Nyisha Vedder					Social Security Number: ...		
Address:							
Title of Position: Teacher Aide						Salary: \$14.63	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent					Return Report of Certification	
	<input type="checkbox"/> Provisional					Attach Application	
	<input checked="" type="checkbox"/> Temporary			From 10/11/23 To 06/26/24		State Length of Employment	
	<input type="checkbox"/> For Term of Office			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation			10/22/23		Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Jodi A. Birch					<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 11/3/23		
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A Birch</i>						Date: 10/11/2023	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Colleen DiCaprio				Social Security Number:			
Address:							
Title of Position: Business Manager						Salary: \$124,000 /year	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change			Effective Date		Action Necessary By Appointing Officer	
	<input type="checkbox"/> Permanent					Return Report of Certification	
	<input checked="" type="checkbox"/> Provisional					Attach Application	
	<input type="checkbox"/> Temporary			From	To	State Length of Employment	
	<input type="checkbox"/> For Term of Office			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input checked="" type="checkbox"/> Exempt Class			10/30/23		Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Kevin Kolakowski						<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>11/3/23</u>	
Title: Superintendent							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>[Signature]</i>						Date: 11/1/2023	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>Mechanicville District Public Library</u>			
Name And Title of Last Employee In Position: <u>Joseph Owens Cleaner</u>			
Name of Employee: <u>Kimberly Gullick</u>	Social Security Number: _____		
Address: _____			
Title of Position: <u>Cleaner</u>	Salary: <u>\$15.00 per hr.</u>		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	<u>11-13-23</u>	Attach Application
	<input type="checkbox"/> Temporary	From _____ To _____	State Length of Employment
	<input type="checkbox"/> For Term of Office	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From _____ To _____	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks: _____			
Appointing Officer: <u>Michelle Duell</u>		<u>R. Lindemann</u>	
Title: <u>Director</u>		MECHANICVILLE CIVIL SERVICE COMMISSION	
Address: <u>190 N. Main St. Mechanicville NY 12118</u>		RECEIVED	
Certificate valid until: _____		DATE <u>11/28/23</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>Michelle R Duell</u>		Date: <u>11-13-23</u>	

Mechanicville CSD

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	Rate	Act Hours Per Week	Normal Pay	Annual Salary	Wages Paid
Arceneaux, Mary V		01		TCHR AIDE	Perm	Teacher Aide	20.21/hr	32.50	1,169.66	24,562.87	1,169.66
Avery, Lauren		01		TYPIST	Temp	Typist	16.36/hr	17.50	572.60	14,887.60	595.50
Birch, Jodi		07		BUS MANGR	Perm	Business Manager	59.38/hr	40.00	4,750.54	123,514.00	4,750.53
Bouchard, Rebecca A		03		FDSRWRK	Perm	Food Service Worker	14.75/hr	27.50	722.25	15,167.29	722.25
Breen, John T		04		BUSDRVR	Perm	Bus Driver	22.90/hr	20.00	815.50	17,125.46	1,206.65
Brunick, Colleen A		04		BUS ATT	Perm	Bus Attendant	14.75/hr	20.00	525.27	11,030.76	661.68
Callanan, Britton F		04		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		FDSRWRK	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
Ceffenilo, Gloria J		01		FDSRWRK	Perm	Food Service Worker	19.02/hr	15.00	508.11	10,670.23	508.11
Ceffenilo, Patricia M		03		MONITOR	Perm	Monitor	23.40/hr	30.00	1,250.12	26,252.50	1,296.92
Conlen, Jr., John J		04		BUSDRVR	Perm	Bus Driver	22.90/hr	20.00	815.50	17,125.46	1,124.64
Cooper Jr., Kenneth D		01		FAMENGAGE MENT	Prov	Family Engagement Coordinator	30.01/hr	37.50	2,003.91	42,082.01	2,003.91
Covey, Joshua E		03		LABORER	Perm	Laborer	19.45/hr	40.00	1,556.19	40,461.03	836.54
Czajkowski, Joanne M		03		Head Cook	Perm	Head Cook	21.40/hr	35.00	1,333.94	28,012.69	1,333.94
DeCota, Tonya M		01		CLEANER	Perm	Cleaner	19.42/hr	40.00	1,553.83	40,399.70	1,553.83
Degener, Sandra		01		FDSRWRK	Prob	Food Service Worker	14.63/hr	25.00	656.59	16,414.86	566.91
DeMarco, Amy P		03		TCHR AIDE	Perm	Teacher Aide	17.73/hr	35.00	1,241.14	32,269.62	1,264.78
Demers, Carrie M		04		TYPIST	Prov	Typist	29.82/hr	20.00	1,061.97	22,301.36	2,377.56
Dion, Kristie M		01		BUSDRVR	Perm	Bus Driver	16.10/hr	32.50	782.58	19,564.40	909.55
Divigilio, Kara M		03		TCHR AIDE	Perm	Teacher Aide	17.30/hr	32.50	1,001.08	21,022.70	1,001.08
Doin, Jenna N		01		CLEANER	Perm	Cleaner	19.42/hr	40.00	1,553.83	40,399.70	1,553.83
Drescher, Patricia A		01		Head Cook	Perm	Head Cook	18.06/hr	35.00	1,125.77	23,641.04	1,134.80
Dunn, Kimberly A		01		Admin Secretary	Perm	Administrative Secretary	21.85/hr	37.50	1,638.83	42,609.45	1,638.83
Dunn, Paula J		01		CLERK	Perm	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		01		TCHR AIDE	Perm	Teacher Aide	17.07/hr	32.50	988.00	20,748.00	1,241.94
Fisher, Jammie M		02		TCHR AIDE	Perm	Teacher Aide	14.75/hr	32.50	717.00	17,924.98	717.00

Mechanicville CSD

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	Rate	Act Hours Per Week	Normal Pay	Annual Salary	Wages Paid
Forhan, Misty L		01		FDSRWPRK	Perm	Food Service Worker	14.70/hr	25.00	654.37	13,741.70	680.09
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		01		COMP TECH	Prov	Computer Technician	32.05/hr	37.50	2,403.75	62,497.50	2,403.75
Gidley, Brian A		01		DIR IT	Prov	Director of Information Technology	45.00/hr	40.00	3,600.00	93,600.00	3,600.00
Gorman, Alice L		03		CLEANER	Perm	Cleaner	22.75/hr	40.00	1,819.89	47,317.12	1,819.89
Gowie, Cynthia		01		FDSRWPRK	Perm	Food Service Worker	14.75/hr	25.00	551.54	13,788.45	551.54
Guerrero-Garnley, Mandy I		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		01		TCHR AIDE	Temp	Teacher Aide	14.63/hr	32.50	711.31	17,782.77	711.31
Hernandez, Olivia A		01		TCHR AIDE	Temp	Teacher Aide	14.70/hr	32.50	850.68	17,864.20	850.68
Herring, Gloria 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		01		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	850.68
Hunsaker, Anthony L		04		BUSDRVR	Prob	Bus Driver	22.23/hr	20.00	791.81	16,628.04	1,041.90
Jenkins, Lindsay N		02		TCHR AIDE	Temp	Teacher Aide	14.70/hr	32.50	714.57	17,864.20	714.57
Jesmain, Jamie		04		BUSDRVR	Perm	Bus Driver	23.75/hr	20.00	710.69	17,767.18	1,121.69
Jones, Ronald W		04		BUSDRVR	Perm	Bus Driver	23.95/hr	20.00	716.43	17,910.80	1,057.65
Kearbey, Maryanne		03		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	850.68
Kling, MaryLouise		01		TYPIST	Prob	Typist	16.36/hr	17.50	572.60	14,887.60	571.65
Larkin, Shane W		04		BUSDRVR	Perm	Bus Driver	24.14/hr	20.00	859.99	18,059.65	1,719.29
Lavazzo, Vincent P		04		BUSDRVR	Perm	Bus Driver	22.90/hr	20.00	815.50	17,125.46	1,176.10
Lescault, Tamara A		01		TCHR AIDE	Perm	Teacher Aide	17.30/hr	32.50	1,001.08	21,022.70	1,001.08
MacDonald, Brandy J		01		CLEANER	Perm	Cleaner	18.89/hr	40.00	1,510.89	39,283.24	1,510.89
Mackenzie, Shannon		03		TCHR AIDE	Temp	Teacher Aide	14.63/hr	32.50	711.31	17,782.77	663.76
Mackey, Deborah A		01		FOODSRVCDI R	Perm	Food Service Director	48.41/hr	40.00	2,896.83	72,420.69	2,896.83
Matiello, Mary M		03		CLERK	Perm	Clerk	21.44/hr	32.50	1,240.76	26,055.97	1,367.73
Maionello-Bornl, Beth A		07		Admin Secretary	Prov	Administrative Secretary	21.91/hr	37.50	1,643.48	42,730.35	1,643.48

Mechanicville CSD

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	Rate	Act Hours Per Week	Normal Pay	Annual Salary	Wages Paid
Manzer, Joseph H		01		BLDG/GRD SUP	Perm	BUILDING/GROUND SUPERVISOR	36.92/hr	40.00	2,953.38	76,787.81	2,953.38
McAllister, Danielle R		03		FDSRWWRK	Perm	Food Service Worker	16.49/hr	15.00	440.41	9,248.65	1,622.57
McBride, Steven H		03		BUS ATT	Perm	Bus Attendant	16.72/hr	20.00	595.47	12,504.94	1,293.22
Melvin, Dana M		01		GRDS	Perm	Groundskeeper	21.55/hr	30.00	1,293.22	33,623.68	1,881.88
Monahan, Karla Y		04		BUSDRVR	Perm	Bus Driver	29.82/hr	20.00	1,061.97	22,301.36	717.00
Monroe, Traci		03		TCHR AIDE	Perm	Teacher Aide	14.75/hr	32.50	853.57	17,924.98	2,403.75
Muller, J. Eric		01		COMP TECH	Prov	Computer Technician	32.05/hr	37.50	2,403.75	62,497.50	1,540.28
Niles, Samantha		03		SAFETY	Prov	Safety Liaison	25.55/hr	37.50	1,433.36	35,833.88	1,099.95
Perkins, Karen M		03		TCHR AIDE	Temp	Teacher Aide	17.65/hr	35.00	1,099.95	23,099.00	802.68
Petrie, David W		03		MONITOR	Perm	Monitor	18.46/hr	15.00	493.08	10,354.67	1,714.92
Pisculli, Johanna L		01		SAFETY	Perm	Safety Liaison	25.68/hr	37.50	1,714.92	36,013.40	717.00
Pisculli, Josephine D		03		TCHR AIDE	Perm	Teacher Aide	14.75/hr	32.50	717.00	17,924.98	1,747.24
Prairie, Andrea		03		Admin Secretary	Perm	Administrative Secretary	23.30/hr	37.50	1,747.24	45,428.20	846.80
Pratt, Michael J		03		TCHR AIDE	Temp	Teacher Aide	14.63/hr	32.50	846.80	17,782.77	3,657.36
Pratt, Sandra L		04		TRANSUPV	Perm	Transportation Supervisor	45.72/hr	40.00	3,657.36	95,091.27	1,558.51
Retell, Daniel R		04		BUSDRVR	Perm	Bus Driver	26.70/hr	20.00	951.06	19,972.16	1,553.83
Rivera, Samantha		03		CLEANER	Perm	Cleaner	19.42/hr	40.00	1,553.83	40,399.70	1,268.51
Rose, Charlotte F		03		CLEANER	Perm	Cleaner	17.97/hr	40.00	1,437.66	37,379.20	1,886.46
Rose, David D		04		BUSDRVR	Perm	Bus Driver	25.41/hr	20.00	905.04	19,005.87	1,531.13
Rose, Helen L		03		CLEANER	Perm	Cleaner	17.57/hr	25.00	878.70	22,846.20	1,766.99
Scherl, Melissa A		01		Head Cook	Perm	Head Cook	28.67/hr	35.00	1,786.99	37,526.70	743.00
Sikamiotis, Barbara A		03		TCHR AIDE	Perm	Teacher Aide	15.28/hr	32.50	743.00	18,574.98	2,279.91
Simons, Kelly		01		NURSE	Perm	Nurse	36.58/hr	35.00	2,279.91	47,878.15	1,828.40
Sivers, Jessica		01		NETTECH	Prov	Network and Technology Coordinator	20.72/hr	37.50	1,554.00	40,404.00	827.16
Sivers, Jordan M		03		CLEANER	Perm	Cleaner	17.49/hr	20.00	699.60	18,189.60	1,552.86
Smith, Maryann		01		LABORER	Prob	Laborer	19.05/hr	40.00	1,524.28	39,631.36	744.97
Toleman, Kristee-Lynn A		04		BUS ATT	Perm	Bus Attendant	14.75/hr	20.00	525.27	11,030.76	717.00
Tuttle, Amanda L		03		TCHR AIDE	Perm	Teacher Aide	14.75/hr	32.50	717.00	17,924.98	1,465.41
		04		BUS ATT	Perm	Bus Attendant	15.22/hr	20.00	541.94	11,380.76	
				MONITOR	Perm	Monitor					

Mechanicville CSD

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	Rate	Act Hours Per Week	Normal Pay	Annual Salary	Wages Paid
Ubrich, Mary T		02		TCHR AIDE	Perm	Teacher Aide	18.05/hr	32.50	1,044.65	21,937.68	1,044.65
Urkevich, Deborah L		04		BUSDRVR	Perm	Bus Driver	24.14/hr	20.00	859.99	18,059.65	1,246.29
Vedder, Nyisha		02		TCHR AIDE	Temp	Teacher Aide	14.63/hr	32.50	846.80	17,782.77	
Viali, Gary G		04		MECHANIC	Perm	Mechanic	24.19/hr	40.00	1,935.20	50,315.20	2,152.91
Viali, Joshua		04		MECHANIC	Prob	Mechanic	23.30/hr	40.00	1,864.00	48,464.00	2,006.94
Vredenburgh, Carl J		01		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 Officer	52.45/hr	40.00	4,196.15	109,099.97	4,246.52
Wickham, Patricia L		03		TCHR AIDE	Perm	Teacher Aide	15.68/hr	32.50	907.56	19,058.75	907.56
Wilkie, Nathan		01		LABORER	Perm	Laborer	18.92/hr	40.00	1,513.34	39,346.73	1,598.47
Wynn, Alycia A		01		CLERK	Perm	Clerk	16.71/hr	32.50	967.29	20,313.14	1,309.78
Zielnicki, Daniel J		03		LABORER	Perm	Laborer	26.10/hr	40.00	2,087.57	54,276.96	2,244.14

Grand Total: 137,031.52

Mechanicville CSD

Certification Of Department Head:



I HEREBY CERTIFY THAT THE PERSONS NAMED IN THE FOREGOING PAYROLL ARE EMPLOYED SOLELY IN AND HAVE ACTUALLY PERFORMED THE PROPER DUTIES OF POSITIONS AND EMPLOYMENTS INDICATED, AND THAT THE PERSONS DESCRIBED HEREIN AS LABORERS ARE EMPLOYED AT ORDINARY UNSKILLED LABOR ONLY THAT SAID PAYROLL FOR THE PAYROLL PERIOD COMMENCING ON 9/23/2023 AND ENDING ON 10/6/2023 IS APPROVED AT \$137,031.52 DOLLARS, (VALUE WRITTEN OUT) one hundred thirty seven thousand thirty one AND IS CERTIFIED FOR PAYMENT FROM THE APPROPRIATIONS AUTHORIZED, AND THAT THE PERSONS NAMED HEREIN, EXCEPT THOSE APPOINTED AND EMPLOYED AS LABORERS, HAVE TAKEN AND FILED THE CONSTITUTIONAL OATH IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 574, LAWS OF 1917.

10/18/2023 DATE Jane A. Burch SIGNATURE Business Manager TITLE

CERTIFICATION OF Mechanicville CIVIL SERVICE COMMISSION:

I HEREBY CERTIFY THAT, WITH THE EXCEPTIONS AS SHOWN, THE EMPLOYEES NAMED IN THIS ESTIMATE, PAYROLL, OR ACCOUNT CONTAINING 99 NAMES, HAVE BEEN APPOINTED TO OR PROMOTED TO OR EMPLOYED IN THE POSITIONS, AND PLACES, AND AT THE RATES OF COMPENSATION SHOWS, IN ACCORDANCE WITH THE CIVIL SERVICE LAW AND THE RULES MADE IN PURSUANCE THEREOF, AND ARE MEMBERS OF AN APPROPRIATE RETIREMENT SYSTEM WHERE SUCH PERSONS ARE MEMBERS BY MANDATE IN ACCORDANCE WITH THE RETIREMENT AND SOCIAL SECURITY LAW, AND ARE CERTIFIED THROUGH 9/30/24 UNLESS OTHERWISE NOTED. BUT WHEN ANY PERSON WHOSE NAME APPEARS ON THE ESTIMATE, PAYROLL OR ACCOUNT SHALL HAVE BEEN SEPARATED FROM THE SERVICE OR IF STATUS SHALL CHANGE IN ANY WAY, THIS CERTIFICATE SHALL APPLY TO THAT PERSON ONLY UP TO THE TIME SUCH SEPARATION OR CHANGE SHALL HAVE TAKEN PLACE.

November 14, 2023 DATE Kathleen Landman SIGNATURE Secretary TITLE

EXCEPTIONS:

(Special) Police Officer - #60131 Prepared by <u>Rose Ann Lindemann</u> Checked by <u>Dawnmarie Robens</u>		MECHANICVILLE CIVIL SERVICE COMMISSION				Date List Established: 6-Dec-23 Expiration Date: 6-Dec-25 By Commission Action 6-Dec-23		
Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Austin Kinisky-Duffney		80	0	80			

TITLE OF ELIGIBLE LIST
Police Officer - #63187

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

MECHANICVILLE
CIVIL SERVICE COMMISSION

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

Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	Date and Nature of Appt.
1	Levi Fiske		90		90			
2	Michael Carlo		85		85			
3	Andrew Maranville		85		85			
4	Kelsey Murphy		85		85			
5	Nickolas Dunn		85		85			
6	Jonathan Dupras		85		85			
7	Haileigh Justus		80		80			
8	Alexandra Safford		80		80			
9	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		75		75			
16	Musa Naji		75		75			
17	Jonathan Binner		70		70			
18	James Waters		70		70			