# Mechanicville Civil Service Commission Meeting Agenda February 1, 2023 4:00 p.m.

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

#### **Mechanicville School District**

- a) Courtney Groves was appointed as Teacher Aide (NC) Temporary from 11/21/22 to 6/23/23
- b) Kelly Guiliano was appointed as Teacher Aide (NC) effective 10/27/22
- c) Kelly Hastings resigned as Teacher Aide effective 11/22/22
- d) Casey Hollenbeck was appointed as Teacher Aide (NC) effective 12/2/22
- e) Lindsay Jenkins was appointed Teacher Aide (NC) Temporary from 10/24/22 to 6/23/23
- f) Kaylee Maynard was removed as Teacher Aide effective 12/9/22
- g) Deborah Merchant resigned a Teacher Aide effective 11/4/22
- h) Jennifer Muscato resigned as Teacher Aide effective 11/22/22

#### Mechanicville Library Salary Changes Effective 1/1/23

- a) Ambria Jackson, Stephanie Liotta and Josephine Pisculli increase to \$14.20/hr
- 5.) Old Business None
- 6.) New Business

Examinations to be administered in March 2023: Safety Liaison, Occupancy Specialist, Library Clerk – March 4 Building and Grounds Supervisor – March 25

Physical Agility Screening was held at MHS on January 7, 2023. Eight candidates showed up and 3 passed.

- 7.) Appearances
- 8.) Next Meeting March 1, 2023
- 9.) Adjournment

From: City	County	Town 🗌	Village Or District 🛛	
Department:				
Name And Title of La	ast Employee In Position:			
Name of Employee:	Courtney Groves		Social Security Number:	
Address.	,			
Title of Position: Tea	cher Aide		Salary: \$14.11	
Non-Veteran 🗸	Veteran Disabled V	Veteran T Ever	npt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date		
	Personnel Change	Effective Date	Action Necessary By	
			Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	▼ Temporary	From 11/21/22 To 6/23/23	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
	Labor Class		Attach Application	
Terminations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	☐ Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
	☐ Change in Classification		Give Facts Under Remarks	
	☐ New Position		Submit Form	
	Change in Salary		Indicate New Salary	
	Change in Name		Give Facts Under Remarks	
	Other		Give Facts Under Remarks	
Remarks:				
Appointing Officer: J		ME	CHANICVILLE CIVIL	
Title: Business Man	ager	DET.	IVICE COMMISSION	
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	ECEIVED	
Certificate valid until: 113/10 Date: Richardshenn				
This certif	ies that the above employment is in a Subject to any limita	accordance with Law and R tion or condition specified t	ules made in pursuance to Law. above.	
By: 1201 (	2 Birel		Date: 119127	
4000000				

Name And Title of Last Employee In Position:	From: C	ity County				
Name And Title of Last Employee: Kelly Guiliano  Address*  Title of Position: Teacher Aide  Non-Veteran		ty   County	County Town T			
Address*    Non-Veteran						
Address  Title of Position: Teacher Aide  Non-Veteran	Name And Title of	Last Employee In Position:				
Title of Position: Teacher Aide    Non-Veteran   Veteran   Disabled Veteran   Exempt Volunteer Firefighter   Action Necessary By Appointments   Check Nature Of Personnel Change   Action Necessary By Appointing Officer     Personnel Change   Permanent   Return Report of Certification   Provisional   Attach Application   Attach Application   Provisional   Provisional   Return Report of Certification   Provisional   Provisional   Return Report of Certification   Provisional Promotion   Attach Application   Attach Application   Exempt Class   Submit This Form Only   Labor Class   Attach Application   Submit Signed Resignation   Retirement   Decessed   Retirement   Retirement	Name of Employee	Kelly Guiliano	•	Social Security Number		
Title of Position: Teacher Aide    Non-Veteran   Veteran   Disabled Veteran   Exempt Volunteer Firefighter	Address			NA 111C		
Non-Veteran   Disabled Veteran   Exempt Volunteer Firefighter   Action Necessary By Appointments   Check Nature Of Personnel Change   Permanent   Return Report of Certification   Provisional   Attach Application   Attach Application   Provisional   Provisional   Attach Application   Provisional   Provisional   Attach Application   Provisional   Provisional   Provisional   Attach Application   Provisional   Provisional   Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Return Report of Certification   Provisional Provisional   Return Report of Certification   Return Report of Certification   Provisional Promotion   Return Report of Certification   Return Report of Certification   Return Report of Certification   Return Report of Certification   Provisional Promotion   Return Report of Certification   Return Return Return Return Return Return			· <del>-</del>			
Non-Veteran   Disabled Veteran   Exempt Volunteer Firefighter   Action Necessary By Appointments   Check Nature Of Personnel Change   Permanent   Return Report of Certification   Provisional   Attach Application   Attach Application   Provisional   Provisional   Attach Application   Provisional   Provisional   Attach Application   Provisional   Provisional   Provisional   Attach Application   Provisional   Provisional   Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Provisional Provisional   Return Report of Certification   Return Report of Certification   Provisional Provisional   Return Report of Certification   Return Report of Certification   Provisional Promotion   Return Report of Certification   Return Report of Certification   Return Report of Certification   Return Report of Certification   Provisional Promotion   Return Report of Certification   Return Return Return Return Return Return	Title of Position: T	eacher Aide		Salamu CAA AA		
Appointments    Check Nature Of Personnel Change	Non-Veteran 🛮	54.11				
Personnel Change    Permanent	Appointments					
Permanent		1	Effective Date	Action Necessary By		
Provisional		·		Appointing Officer		
Temporary   From To   State Length of Employment				Return Report of Certification		
For Term of Office						
Permanent Promotion			10	State Length of Employment		
Provisional Promotion   Attach Nomination   Eventheaton   Attach Nomination   Non-Competitive Class   10/27/22   Attach Application   Exempt Class   Submit This Form Only   Attach Application   Labor Class   Attach Application   Submit Signed Resignation   Give Eacts Under Remarks   Under Remarks   Resignation   Resignat			From To	Give Facts Under Remarks		
Mon-Competitive Class   10/27/22				Return Report of Certification		
Exempt Class   Submit This Form Only     Labor Class   Attach Application     Resignation   Submit Signed Resignation     Retirement   Give Effective Date     Deceased   Indicate Date     Layoff (lack of work or funds)   Give Facts Under Remarks     Other Changes   Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     New Position   Give Facts Under Remarks     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other Change in Name   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Other   Give Facts Under Remarks     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Give F				Attach Nomination		
Labor Class			10/27/22	Attach Application		
Terminations  Resignation Retirement Deceased Removal Layoff (lack of work or funds) Other Changes  Military Leave of Absence Demotion Submit Signed Resignation Give Effective Date Indicate Date Attach Copy of Proceedings Give Facts Under Remarks Give Facts Under Remarks Demotion Suspension Reinstatement Change in Classification New Position Change in Salary Change in Name Other Other Change in Name Other Change in Name Ch						
Retirement Give Effective Date    Deceased   Indicate Date     Removal   Attach Copy of Proceedings     Layoff (lack of work or funds)   Give Facts Under Remarks     Other Changes   Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other Remarks   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Other Remarks   Give Facts Under Remarks     Change in Name   Give Facts Under Remarks     Other Remarks   Give Facts Under Rem	Tan			Attach Application		
Deceased   Indicate Date   Indicate Date   Removal   Attach Copy of Proceedings   Attach Copy of Proceedings   Clayoff (lack of work or funds)   Give Facts Under Remarks   Give Fact	1 erminations			Submit Signed Resignation		
Removal				Give Effective Date		
Layoff (lack of work or funds)   Give Facts Under Remarks     Other Changes   Military Leave of Absence   Give Facts Under Remarks     Other Leave of Absence   From To   Give Facts Under Remarks     Transfer   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Demotion   Give Facts Under Remarks     Reinstatement   Give Facts Under Remarks     Change in Classification   Give Facts Under Remarks     New Position   Submit Form     Change in Salary   Indicate New Salary     Change in Name   Give Facts Under Remarks     Other   Give Facts Under Remarks     Remarks:   MECHANICVILLE CIVIL     SERVICE COMMISSION     Appointing Officer: Jodi A. Birch   SERVICE COMMISSION     Change in Name   Give Facts Under Remarks     Other   G				Indicate Date		
Other Changes    Military Leave of Absence   Give Facts Under Remarks				Attach Copy of Proceedings		
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Transfer Demotion Suspension Give Facts Under Remarks Reinstatement Change in Classification Change in Name Change in Name Other Change in Name Other Change in Name Change	Other Changes					
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Demotion   Give Facts Under Remarks   Submit Form   Indicate New Salary   Give Facts Under Remarks						
Reinstatement Change in Classification Change in Salary Change in Salary Change in Name Change i	•					
Remarks:    Reinstatement						
Change in Classification   Give Facts Under Remarks   Submit Form   Indicate New Salary   Indicate New Salary   Indicate New Salary   Give Facts Under Remarks   Give Facts Under Remarks   Give Facts Under Remarks						
New Position		Change in Classification				
Change in Name Other  Change in Name Other  Change in Name Other  Cive Facts Under Remarks  MECHANICVILLE CIVIL SERVICE COMMISSION  SERVICE COMMISSION  Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  Subject to any limitation or condition specified above.						
Change in Name  Other  Give Facts Under Remarks  Give Facts Under Remarks  MECHANICVILLE CIVIL SERVICE COMMISSION  Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  Subject to any limitation or condition specified above.				Indicate New Salary		
Remarks:  MECHANICVILLE CIVIL SERVICE COMMISSION Appointing Officer: Jodi A. Birch  Citle: Business Manager  Address:  25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:  This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  Subject to any limitation or condition specified above.						
Appointing Officer: Jodi A. Birch  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.	D	Uther		Give Facts Under Remarks		
Appointing Officer: Jodi A. Birch  RECEIVED  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.	Kemarks:		N	MECHANICVILLE CIVII		
Certificate valid until:  This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  Subject to any limitation or condition specified above.	Appointing Officer:	Jodi A Birch	<u> </u>	ERVICE COMMISSION		
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.				RECEIVED		
This certificate valid until:  This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  Subject to any limitation or condition specified above.	Address:		DATE	1/13/23		
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.	25 Kniske	ern Ave. Mechanicville, NY	12118	110100		
Subject to any limitation or condition specified above.						
Subject to any limitation or condition specified above.	This cert	ifies that the above employment is in a	ccordance with Law and Ru	les made in pursuance to I mu		
Carel Date: 1912	/	Subject to any limitat	ion or condition specified ab	pove.		
	Cheli	aprich		Date: / a / 2 ?		

From: City	County	Town 🗌	Village Or 1	District 🛛	
Department:					
	st Employee In Position:				
Name of Employee:	elly Hastings		Social Secu	rity Number	
Addr		Z110			
Title of Position: Teac	cher Aide			Salary:	
Non-Veteran 🗸	Veteran Disabled V	eteran	Exempt Voluntee	r Firefighter 🔲	
Appointments	Check Nature Of	Effective 1		Action Necessary By	
T.F.	Personnel Change			Appointing Officer	
			Poture	Report of Certification	
	☐ Permanent ☐ Provisional			Application Application	
		From To		ength of Employment	
	☐ Temporary ☐ For Term of Office			acts Under Remarks	
	Permanent Promotion	From To		Report of Certification	
	Provisional Promotion			Nomination	
	Non-Competitive Class			Application	
	Exempt Class			t This Form Only	
	Labor Class			Application	
Terminations	Resignation	11/22/22		t Signed Resignation	
1 erminations	Retirement	11/22/22		Effective Date	
	Deceased			e Date	
	Removal			Copy of Proceedings	
	Layoff (lack of work or funds)			acts Under Remarks	
Other Changes	Military Leave of Absence			acts Under Remarks	
Other Changes	Other Leave of Absence	From To		acts Under Remarks	
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	Demotion			acts Under Remarks	
	Suspension			acts Under Remarks	
	Reinstatement			acts Under Remarks	
	Change in Classification			acts Under Remarks	
	New Position		Submi		
	Change in Salary			e New Salary	
	Change in Name			acts Under Remarks	
	Other			acts Under Remarks	
Remarks:					
Appointing Officer: J	odi A. Birch			A ENLED	
Title: Business Man	ager			APIAEN	
Address: 25 Knisker	n Ave. Mechanicville, N	/ 12118	JATE	1112123	
Certificate valid until	:			Date:	
This certij	fies that the above employment is in Subject to any limite	accordance with La ition or condition sp	w and Rules made in ecified above.	n pursuance to Law.	
By: Date: 12/16/2 >					



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

#### resignation

5 messages

O'Brien, Catherine <cobrien@mechanicville.org>
To: Kelly Hastings <a href="mailto:khastings@mechanicville.org">khastings@mechanicville.org</a>

Mon, Nov 14, 2022 at 9:34 AM

Good morning Kelly,

Mike Mitchell shared with me that you will be resigning for your position as a Teacher Aide. Please let me know the last date you will be working in District so I can have you listed on the BOE agenda correctly.

Thank you and best of luck to you!

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



MECHANICVILLE CIVIL SERVICE COMMISSION
RECEIVED

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

Mon, Nov 14, 2022 at 10:25 AM

Two weeks would end on Friday the 25th. [Quoted text hidden]

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

Mon, Nov 14, 2022 at 10:29 AM

okay- so your last day in the district would be Tuesday the 22nd, correct? School is closed Wednesday- Friday that week. [Quoted text hidden]

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

Mon, Nov 14, 2022 at 11:56 AM

Yes that would be correct since there is no school for the holiday. [Quoted text hidden]

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

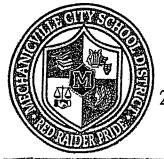
Mon, Nov 14, 2022 at 12:09 PM

perfect- I will have your resignation effective close of business on Tuesday, November 22nd. Best of luck to you! [Quoted text hidden]

From: City	☐ County ☐	Town 🗌	Village Or District 🔽		
Department:					
Name And Title of Last Employee In Position :					
Name of Employee:	Casey Hollenbeck		Social Security Number:		
Title of Position: Tea	icher Aide		Salary: \$14.11/hr		
Non-Veteran 🗸					
Appointments	Check Nature Of	Effective Date	Action Necessary By		
• • · · · · · · · · · · · · · · · · · ·	Personnel Change	Billetive Bute	Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	Temporary	From To	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	X Non-Competitive Class	12/2/22	Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence	,,,,,,	Give Facts Under Remarks		
Ū	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary		Indicate New Salary		
	Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks: MECHANICVILLE CIVIL SERVICE COMMISSION					
Appointing Officer: Jodi A. Birch					
Title: Business Manager					
Address: 25 Kniskern Ave. Mechanicville, NY 12118 R. Lindemann					
Certificate valid unti	l:		Date:		
This cert	ifies that the above employment is in a Subject to any limita	accordance with Law and tion or condition specified			
By:	e Cl Brack	or community specified	Date:		
	- COULT		12/16/22		

From: City	П Сошть П	Φ	TITL O DILLE P		
	City County Town Village Or District				
Department:					
Nome And Title of La	et Developer I. Devid				
Name And Thie of La	st Employee In Position:				
Name of Employee:			Social Security Number		
Traine of Employee,	Lindsay Jenkins		Social Security Number		
Address:					
Title of Position: Tea	cher Aide		Salary: \$14.11		
Non-Veteran 🗸	Veteran Disabled V	eteran Exem	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	X Temporary	From 10/24/22 To 6/23/23	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	▼ Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks		
	☐ Change in Classification ☐ New Position		Give Facts Under Remarks		
	Change in Salary		Submit Form		
	Change in Name		Indicate New Salary Give Facts Under Remarks		
	Other				
Remarks:			Give Facts Under Remarks		
			MECHANICVILLE CIVIL SERVICE COMMISSION		
Appointing Officer: J	odi A. Birch		DE PENIED		
Title: Business Man	ager	-	NEURIVEU		
			re1 15 23		
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	K. Findemann		
Certificate valid until:			Date:		
This certif	ies that the above employment is in a				
Subject to any limitation or condition specified above.					
By: Salulbores Date: 19/23					

From: City	County	Town 🔲		Village Or District
Department:				
	st Employee In Position:			
Name of Employee:				Social Security Number:
K	aylee Maynard			•
Address:				
Title of Position: Teac	cher Aide			Salary: \$14.11
Non-Veteran 🗸	Veteran Disabled V	eteran 🔲	Exem	npt Volunteer Firefighter
Appointments	Check Nature Of	Effec	ctive Date	Action Necessary By
	Personnel Change			Appointing Officer
	Permanent	<del> </del>		Return Report of Certification
	Provisional			Attach Application
	Temporary	From	To	State Length of Employment
	For Term of Office	From	To	Give Facts Under Remarks
	Permanent Promotion	TIOIII	10	Return Report of Certification
	Provisional Promotion			Attach Nomination
	☐ Non-Competitive Class			Attach Application
	Exempt Class			Submit This Form Only
	Labor Class	1		Attach Application
Terminations	Resignation	<del> </del>		Submit Signed Resignation
1 C. Minations	Retirement			Give Effective Date
0	Deceased	<del> </del>		Indicate Date
RX	▼ Removal	-		Attach Copy of Proceedings
'	∠ Layoff (lack of work or funds)	12/9/22-)		Give Facts Under Remarks
Other Changes	Military Leave of Absence	TEISTEE		Give Facts Under Remarks
Other Changes	Other Leave of Absence	From	То	Give Facts Under Remarks
	Transfer	110111	10	Give Facts Under Remarks
	Demotion			Give Facts Under Remarks
	Suspension			Give Facts Under Remarks
	Reinstatement	<u> </u>		Give Facts Under Remarks
	Change in Classification			Give Facts Under Remarks
	New Position			Submit Form
	Change in Salary			Indicate New Salary
	Change in Name			Give Facts Under Remarks
	Other	<del> </del>		Give Facts Under Remarks
Remarks:		L		GIVE I dets Olider Remarks
Kemai Ka			•	
Appointing Officer: J	odi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION
Title: Business Mana	ager			SERVICE COMMISSION
Address: 25 Knisker		/ 12118		HECFINED
25 Kniskern Ave. Mechanicville, NY 12118  Certificate valid until:				
		accordance w	ith Law and R	ules made in dursuance to the
This certifies that the above employment is in accordance with Law and Rules made in flursuance to Law.  Subject to any limitation or condition specified above.				
By: MILCOBURCE 19123				



# Mechanicville City School District

One School • One Community • One Mechanicville

25 Kniskern Avenue, Mechanicville, NY 12118

Phone: (518) 664-5727

District Office

Catherine L. O'Brien District Clerk Ext. 1103

Kevin W. Kolakowski Superintendent Jodi A. Birch Business Manager Ext. 1102

January 6, 2023

Ms. Kaylee Maynard 139 Hunt Road Buskirk, NY 12028

Dear Ms. Maynard:

Please be advised, at a scheduled meeting held on January 5, 2023, the Board of Education of the Mechanicville City School District terminated your employment as a Teacher Aide, effective close of business on December 9, 2022.

Sincerely

Kevin W. Kolakowski Superintendent

KWK/cob

cc: Business Office

MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED

From: City	County	Town	Village Or District		
Department:					
Name And Title of L	ast Employee In Position :				
Name of Employee:	Deborah Merchant		Social Security Number		
Address:	Seborari Merchant				
/ Idul Con-					
Title of Position: Tea	cher Aide		Salary:		
Non-Veteran 🗸	Veteran Disabled V	Veteran D Eve	empt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date			
	Personnel Change	Effective Date	Action Necessary By		
		_	Appointing Officer		
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	Provisional		Attach Application		
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·	For Term of Office	From To	Give Facts Under Remarks		
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Terminations	X Resignation	11/4/22	Submit Signed Resignation		
	Retirement		Give Effective Date		
•	Deceased		Indicate Date		
	Removal .		Attach Copy of Proceedings		
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Other Changes	Military Leave of Absence		Give Facts Under Remarks		
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	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks		
	☐ Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary		Indicate New Salary		
	☐ Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks:  R. Lindowan					
Appointing Officer: J	odi A. Birch		MECHANICVII I E COM		
<sup>ritle:</sup> Business Man	ager		SERVICE COMMISSION		
Address:	agei		OUNIVISSION		
Address: 25 Kniske	rn Ave. Mechanicville, NY	′ 12118	NECEIVED		
Certificate valid until: Date: 1/13/23					
This certij	fies that the above employment is in a	accordance with Law and I	Rules made in pursuance to Law.		
3y: 2010	Subject to any limitation or condition specified above.				
" Allel	your		Date: 12/16/27		

#### rose.lindemann

From:

Leonard, Sydney <sleonard@mechanicville.org>

Sent:

Tuesday, January 24, 2023 1:21 PM

To:

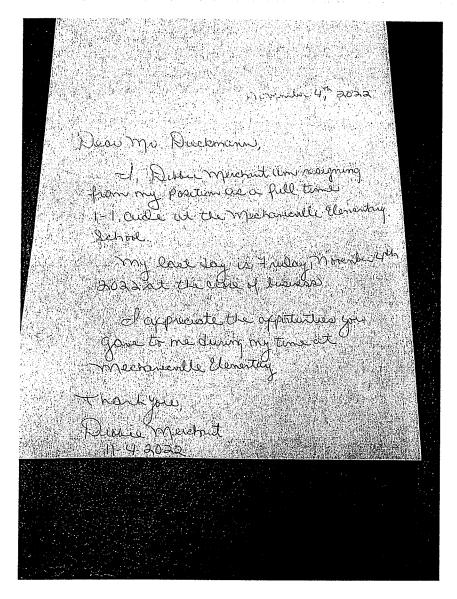
rose.lindemann

Subject:

Fwd: Deborah Merchant

Caution! This message was sent from outside your organization.

Block sender



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

From: City	County	Town 🗌	Village Or District 🛛		
Department:					
Name And Title of La	st Employee In Position:	***************************************			
Name of Employee:	ennifer Muscato		Social Security Number:		
Address					
Title of Position: Tead	cher Aide		Salary:		
Non-Veteran 🗸	Veteran Disabled V	eteran Exem	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
••	Personnel Change	Effective Date			
			Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional	ĺ	Attach Application		
	Temporary	From To	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	☐ Permanent Promotion		Return Report of Certification		
	☐ Provisional Promotion		Attach Nomination		
	☐ Non-Competitive Class		Attach Application		
	□ Exempt Class		Submit This Form Only		
	☐ Labor Class		Attach Application		
Terminations	X Resignation	11/22/22	Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
other onunges	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer	Tiom 10	Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension				
	Reinstatement		Give Facts Under Remarks		
			Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary		Indicate New Salary		
	Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks:  MECHANICVILLE CIVIL SERVICE COMMISSION					
Appointing Officer: J	odi A Rirch		Koat's Barrer Color Barrer Bar		
Title: Business Mana			RECEIVED		
<sup>Address:</sup> 25 Knisker		′ 12118			
Certificate valid until:					
This certif	ies that the above employment is in a				
	Subject to any limita	tion or condition specified i	above.		
By: Date: 12/16/27					



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

resignation

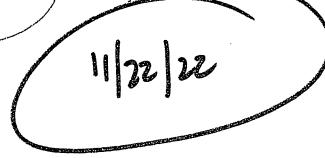
Muscato, Jennifer <imuscato@mechanicville.org>
To: "O'Brien, Catherine" <cobrien@mechanicville.org>

Mon, Nov 14, 2022 at 9:15 AM

Thank you so much!

The position I have accepted begins on 12/1 I'd like my last day to be 11/23 - due to the holidaye

Thank you, Jennifer Muscato [Quoted text hidden]



MECHANICVILLE CIVIL SERVICE COMMISSION CEIVED

Report All Personnel Changes On This Form. Village Or District City 🗹 Town 🗌 County [ From: Department: Name And Title of Last Employee In Position Social Security Number: Name of Employee: Address: Salary: Title of Position: Exempt Volunteer Firefighter Disabled Veteran Non-Veteran Effective Date Action Necessary By Check Nature Of Appointments Appointing Officer Personnel Change Return Report of Certification Permanent Attach Application Provisional State Length of Employment То Temporary From Give Facts Under Remarks Substitute From To Give Facts Under Remarks For Term of Office From To Return Report of Certification Permanent Promotion Attach Nomination Provisional Promotion Attach Application Non-Competitive Class Submit This Form Only Exempt Class Attach Application Labor Class Submit Signed Resignation Terminations Resignation Give Effective Date Retirement Deceased Indicate Date Attach Copy of Proceedings ☐ Removal Give Facts Under Remarks Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Changes Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Submit Form New Position Indicate New Salary 14, 20 -1-2023 Change in Salary Give Facts Under Remarks Change in Name Give Facts Under Remarks Other MECHANICVILLE CIVIL Remarks: SERVICE COMMISSION Appointing Officer: Title: Address: 190 H. Main St. Mechanicule Date: Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above. Date: Whell

From:	City 💹	County [	Town [		Village Or	District [
Department:	1		Λ.,			
1/4	Chanic	ville District	Public	Library		
Name And Title	of Last Emplo	yee In Position:	•	J		
Name of Employ	yee: 🕒 i	1 5 51			Social Sec	urity Number:
	Step	hanie LIOH	a			
Addre		11758164 1181		¥		
Title of Position		1.000 (100)	1-15-15		J	Salary: " 14,00 per hr.
Non-Veteran		Veteran Disabled	Veteran 🗍	Even	ant Voluntee	er Firefighter
Appointments	<del></del>	Check Nature Of		fective Date	ipt volunted	
Appointments	i		EII	lective Date		Action Necessary By
		Personnel Change		•		Appointing Officer
		manent				Report of Certification
		visional				Application
		nporary	From	То		Length of Employment
		Term of Office	From	То		Facts Under Remarks
		manent Promotion			Return	Report of Certification
		visional Promotion			Attach	Nomination
		n-Competitive Class			Attach	Application
		empt Class			Submi	t This Form Only
		or Class			Attach	Application
Terminations	Res	ignation			Submi	t Signed Resignation
	☐ Ret	irement			Give E	Effective Date
	☐ Dec	ceased			Indica	te Date
	Rer	noval			Attach	Copy of Proceedings
	Lay	off (lack of work or funds)				acts Under Remarks
Other Changes	☐ Mil	itary Leave of Absence			Give F	acts Under Remarks
	Oth	er Leave of Absence	From	To	Give F	acts Under Remarks
	Tra	nsfer			Give F	acts Under Remarks
0	Der	notion			Give F	acts Under Remarks
	Sus	pension		·	Give F	acts Under Remarks
	Rei	nstatement			Give F	acts Under Remarks
*	Cha	nge in Classification	1		Give F	acts Under Remarks
	☐ Nev	v Position			Submit	Form
	Cha	nge in Salary	1-1-	2/22	Indicat	e New Salary & 14,20 per lo
		nge in Name		プレテン	Give F	acts Under Remarks
	Othe					acts Under Remarks
Remarks:	C- G2			944 to 11 - 11 - 12 - 12 - 12 - 12 - 12 - 12	<del>~~~~</del>	NICVILLE CIVIL
	- 0			***************************************	SERVIC	E COMMISSION
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Certificate valid		***		J		Date:
This	certifies that t	he above employment is in  Subject to any limite				pursuance to Law.
Ву: / / /	10 (1)				• ••	Date:
( * Vuelelle * NULL					1-1-23	

T	City Market		4-1
	City County	Town	Village Or District
Department:	lock and la Dickery	0 11. 1 1	
Name And Title	Charactle District of Last Employee In Position:	ublic Library	
Name And The	of Last Employee in Position:	<u> </u>	)
Name of Employ	/ee: T / D		Social Security Number:
	Josephine Piscu	41;	docial security Number.
Address: -		. A ,	
	NO STORE THE TO		
Title of Position:	UVUK		Salary: @ 14.00 per ho
Non-Veteran	Veteran Disabled	Veteran Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	☐ Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
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	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
,	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
•	☐ Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary	1-1-2023	Indicate New Salary & 14, 20 per ha
	Change in Name		Give Facts Under Remarks
~ .	Other		Give Facts Under Remarks
Remarks:	a - a - a - a - a		AECHANICVILLE CIVIL
	<del>-</del>	<u>್</u>	ERVICE COMMISSION
Appointing Office	er: Michelle Duell		RECEIVED
Title:	6	Q:	LINE OF THE PARTY
Address:	706	DATE	115125
19D 1	4 Main St. Mechania	or the MU 17415	7 R. Findemann
Certificate valid u		) 1000	Date:
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/	Subject to any limitat	ccoraance with Law and Ri ion or condition specified a	nes made in pursuance to Law.
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