

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

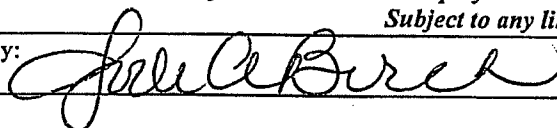
Examinations to be administered in March 2023:
Safety Liaison, Occupancy Specialist, Library Clerk – March 4
Building and Grounds Supervisor – March 25

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

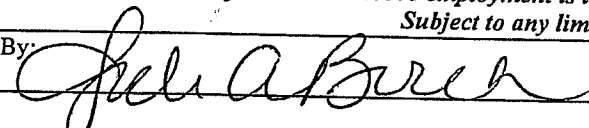
**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

| From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/> | | | |
|--|---|---|--|
| Department: | | | |
| Name And Title of Last Employee In Position : | | | |
| Name of Employee: Courtney Groves | | Social Security Number: | |
| Address: | | | |
| Title of Position: Teacher Aide | | | Salary: \$14.11 |
| 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 11/21/22 To 6/23/23 | State Length of Employment |
| | <input type="checkbox"/> For Term of Office | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Permanent Promotion | | Return Report of Certification |
| | <input type="checkbox"/> Provisional Promotion | | Attach Nomination |
| | <input checked="" type="checkbox"/> Non-Competitive Class | | Attach Application |
| | <input type="checkbox"/> Exempt Class | | Submit This Form Only |
| | <input type="checkbox"/> Labor Class | | Attach Application |
| Terminations | <input type="checkbox"/> Resignation | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | Indicate Date |
| | <input type="checkbox"/> Removal | | Attach Copy of Proceedings |
| | <input type="checkbox"/> Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | <input type="checkbox"/> Military Leave of Absence | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other Leave of Absence | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | Submit Form |
| | <input type="checkbox"/> Change in Salary | | Indicate New Salary |
| | <input type="checkbox"/> Change in Name | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other | | Give Facts Under Remarks |
| Remarks: | | | |
| Appointing Officer: Jodi A. Birch | | MECHANICVILLE CIVIL SERVICE COMMISSION <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> | |
| Title: Business Manager | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | |
| Certificate valid until: | | DATE <u>11/13/22</u> | Date: <u>Retirement</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>11/9/23</u> | |

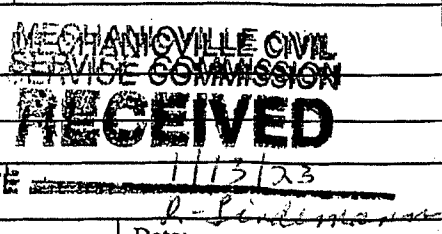
Supplementary Payroll Certification and Report of Personnel Change

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: Kelly Guiliano | Social Security Number: | | | |
| Address: | | | | |
| Title of Position: Teacher Aide | Salary: \$14.11 | | | |
| Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/> | | | | |
| Appointments | 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 checked="" type="checkbox"/> Non-Competitive Class | 10/27/22 | Attach Application | |
| | <input type="checkbox"/> Exempt Class | | Submit This Form Only | |
| | <input type="checkbox"/> Labor Class | | Attach Application | |
| | Terminations | <input type="checkbox"/> Resignation | | Submit Signed Resignation |
| | | <input type="checkbox"/> Retirement | | Give Effective Date |
| | | <input type="checkbox"/> Deceased | | Indicate Date |
| | | <input type="checkbox"/> Removal | | Attach Copy of Proceedings |
| | | <input type="checkbox"/> Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | <input type="checkbox"/> Military Leave of Absence | | Give Facts Under Remarks | |
| | <input type="checkbox"/> Other Leave of Absence | From To | Give Facts Under Remarks | |
| | <input type="checkbox"/> Transfer | | Give Facts Under Remarks | |
| | <input type="checkbox"/> Demotion | | Give Facts Under Remarks | |
| | <input type="checkbox"/> Suspension | | Give Facts Under Remarks | |
| | <input type="checkbox"/> Reinstatement | | Give Facts Under Remarks | |
| | <input type="checkbox"/> Change in Classification | | Give Facts Under Remarks | |
| | <input type="checkbox"/> New Position | | Submit Form | |
| | <input type="checkbox"/> Change in Salary | | Indicate New Salary | |
| | <input type="checkbox"/> Change in Name | | Give Facts Under Remarks | |
| <input type="checkbox"/> Other | | Give Facts Under Remarks | | |
| Remarks: | | | | |
| Appointing Officer: Jodi A. Birch | | MECHANICVILLE CIVIL SERVICE COMMISSION | | |
| Title: Business Manager | | RECEIVED | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | DATE <u>1/13/23</u> | | |
| Certificate valid until: | | Date: | | |
| <i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i> | | | | |
| By:  | | Date: 1/9/23 | | |

**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: Kelly Hastings | Social Security Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: MECHANICVILLE, NY 12110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From To</td> <td>State Length of Employment</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return Report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach Nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit This Form Only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach Application</td> </tr> <tr> <td>Terminations</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Resignation</td> <td>11/22/22</td> <td>Submit Signed Resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give Effective Date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate Date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach Copy of Proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (lack of work or funds)</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td>Other Changes</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From To</td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit Form</td> </tr> <tr> <td><input type="checkbox"/> Change in Salary</td> <td></td> <td>Indicate New Salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give Facts Under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give Facts Under Remarks</td> </tr> </tbody> </table> | Check Nature Of Personnel Change | Effective Date | Action Necessary By Appointing Officer | <input type="checkbox"/> Permanent | | Return Report of Certification | <input type="checkbox"/> Provisional | | Attach Application | <input 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 | 11/22/22 | 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 |
| 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 | 11/22/22 | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: right;">  </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointing Officer: Jodi A. Birch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Business Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate valid until: | Date: <i>1-13-23</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: 12/16/22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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

resignation

5 messages

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

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

DATE 1/13/23

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]

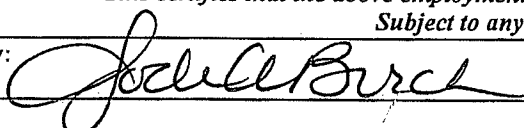
O'Brien, Catherine <cobrien@mechanicville.org>
To: "Hastings, Kelly" <khastings@mechanicville.org>

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]

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

Report All Personnel Changes On This Form.

| | | | | |
|--|---|-------------------------|---------------------------|---|
| From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/> | | | | |
| Department: | | | | |
| Name And Title of Last Employee In Position : | | | | |
| Name of Employee: Casey Hollenbeck | | Social Security Number: | | |
| Add: | | | | |
| Title of Position: Teacher Aide | | | Salary: \$14.11/hr | |
| Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/> | | | | |
| Appointments | Check Nature Of Personnel Change | | Effective Date | Action Necessary By Appointing Officer |
| | <input type="checkbox"/> Permanent | | | Return Report of Certification |
| | <input type="checkbox"/> Provisional | | | Attach Application |
| | <input type="checkbox"/> Temporary | From To | | State Length of Employment |
| | <input type="checkbox"/> For Term of Office | From To | | Give Facts Under Remarks |
| | <input type="checkbox"/> Permanent Promotion | | | Return Report of Certification |
| | <input type="checkbox"/> Provisional Promotion | | | Attach Nomination |
| | <input checked="" type="checkbox"/> Non-Competitive Class | | 12/2/22 | 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 | | | | |
| Appointing Officer: Jodi A. Birch | | | | |
| Title: Business Manager | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | |
| Certificate valid until: | | | Date: | |
| <i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i> | | | | |
| By:  | | | Date: 12/16/22 | |

DATE 1/13/23
R. Lindemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

| | | | |
|--|---|--------------------------|---|
| From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/> | | | |
| Department: | | | |
| Name And Title of Last Employee In Position : | | | |
| Name of Employee: Lindsay Jenkins | | | Social Security Number: |
| Address: | | | |
| Title of Position: Teacher Aide | | | Salary: \$14.11 |
| Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/> | | | |
| Appointments | 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 10/24/22 To 6/23/23 | State Length of Employment |
| | <input type="checkbox"/> For Term of Office | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Permanent Promotion | | Return Report of Certification |
| | <input type="checkbox"/> Provisional Promotion | | Attach Nomination |
| | <input checked="" type="checkbox"/> Non-Competitive Class | | Attach Application |
| | <input type="checkbox"/> Exempt Class | | Submit This Form Only |
| | <input type="checkbox"/> Labor Class | | Attach Application |
| Terminations | <input type="checkbox"/> Resignation | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | Indicate Date |
| | <input type="checkbox"/> Removal | | Attach Copy of Proceedings |
| | <input type="checkbox"/> Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | <input type="checkbox"/> Military Leave of Absence | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other Leave of Absence | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | Submit Form |
| | <input type="checkbox"/> Change in Salary | | Indicate New Salary |
| | <input type="checkbox"/> Change in Name | | Give Facts Under Remarks |
| <input type="checkbox"/> Other | | Give Facts Under Remarks | |
| Remarks: | | | |
| Appointing Officer: Jodi A. Birch | | | MECHANICVILLE CIVIL SERVICE COMMISSION |
| Title: Business Manager | | | RECEIVED |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | DATE <u>11/13/23</u> <i>R. Fidenano</i> |
| Certificate valid until: | | | Date: |
| <i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i> | | | |
| By: <i>Jodi A. Birch</i> | | | Date: <u>11/9/23</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: Kaylee Maynard | | Social Security Number: | | |
| Address: | | | | |
| Title of Position: Teacher Aide | | | Salary: \$14.11 | |
| Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/> | | | | |
| Appointments | Check Nature Of Personnel Change | | Effective Date | Action Necessary By Appointing Officer |
| | <input type="checkbox"/> Permanent | | | Return Report of Certification |
| | <input type="checkbox"/> Provisional | | | Attach Application |
| | <input type="checkbox"/> Temporary | | From To | State Length of Employment |
| | <input type="checkbox"/> For Term of Office | | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Permanent Promotion | | | Return Report of Certification |
| | <input type="checkbox"/> Provisional Promotion | | | Attach Nomination |
| | <input type="checkbox"/> Non-Competitive Class | | | Attach Application |
| | <input type="checkbox"/> Exempt Class | | | Submit This Form Only |
| | <input type="checkbox"/> Labor Class | | | Attach Application |
| Terminations | <input type="checkbox"/> Resignation | | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | | Indicate Date |
| | <input checked="" type="checkbox"/> Removal | | | Attach Copy of Proceedings |
| Other Changes | <input checked="" type="checkbox"/> Layoff (lack of work or funds) | | 12/9/22 | Give Facts Under Remarks |
| | <input type="checkbox"/> Military Leave of Absence | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other Leave of Absence | | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | | Submit Form |
| | <input type="checkbox"/> Change in Salary | | | Indicate New Salary |
| <input type="checkbox"/> Change in Name | | | Give Facts Under Remarks | |
| <input type="checkbox"/> Other | | | Give Facts Under Remarks | |
| Remarks: | | | | |
| Appointing Officer: Jodi A. Birch | | | MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED | |
| Title: Business Manager | | | | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | | | |
| Certificate valid until: | | | DATE <u>1/13/23</u> By: <i>R. Linderman</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>1/19/23</u> | |



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

DATE

1/13/23

R. Lindemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

| From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/> | | | |
|--|---|---|--|
| Department: | | | |
| Name And Title of Last Employee In Position : | | | |
| Name of Employee: Deborah Merchant | | 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 | 11/4/22 | 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. Lindeman</i> | |
| Title: Business Manager | | MECHANICVILLE CIVIL SERVICE COMMISSION | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | RECEIVED | |
| Certificate valid until: | | DATE | Date: 1/13/23 |
| <i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i> | | | |
| By: <i>Jodi A. Birch</i> | | Date: 12/16/22 | |

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](#)

November 4th 2022

Dear Ms. Duckmann,

I, Debbie Merchant am resigning from my position as a full time 1-1 aide at the Mechanicville Elementary School.

My last day is Friday November 4th 2022 at the close of business.

I appreciate the opportunities you gave to me during my time at Mechanicville Elementary.

Thank you,

Debbie Merchant
11-4-2022

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

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: Jennifer Muscato | 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 | 11/22/22 | 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 | | MECHANICVILLE CIVIL SERVICE COMMISSION | |
| Title: Business Manager | | RECEIVED | |
| Address: 25 Kniskern Ave. Mechanicville, NY 12118 | | DATE <u>11/3/23</u> <i>R. Lindeman</i> | |
| Certificate valid until: | | Date: | |
| <i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i> | | | |
| By: <i>Jodi A. Birch</i> | | Date: <u>12/16/22</u> | |

11/14/22, 9:29 AM

MCSO Mail - resignation



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

resignation

Muscato, Jennifer <jmuscato@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 holiday.

Thank you,
Jennifer Muscato
[Quoted text hidden]

11/22/22

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED
DATE 11/13/23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position: Erika Oest-Harris, Clerk

Name of Employee: Ambria Jackson Social Security Number: _____

Address: _____

Title of Position: Clerk Salary: \$14.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

| Appointments | Check Nature Of Personnel Change | Effective Date | Action Necessary By Appointing Officer |
|--|---|--------------------------|--|
| | <input 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 type="checkbox"/> Resignation | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | Indicate Date |
| | <input type="checkbox"/> Removal | | Attach Copy of Proceedings |
| | <input type="checkbox"/> Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | <input type="checkbox"/> Military Leave of Absence | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other Leave of Absence | From _____ To _____ | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | Submit Form |
| | <input checked="" type="checkbox"/> Change in Salary | <u>1-1-2023</u> | Indicate New Salary <u>14.20</u> |
| | <input type="checkbox"/> Change in Name | | Give Facts Under Remarks |
| <input type="checkbox"/> Other | | Give Facts Under Remarks | |

Remarks: _____

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

Appointing Officer: Michelle L. Duell

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: _____ Date: _____

DATE: 1/5/23
R. Lindeman

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

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

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Stephanie Liotta Social Security Number:

Address:

Title of Position: Clerk Salary: \$14.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

| Appointments | Check Nature Of Personnel Change | Effective Date | Action Necessary By Appointing Officer |
|--|---|--------------------------|--|
| | <input type="checkbox"/> Permanent | | |
| <input type="checkbox"/> Provisional | | | Attach Application |
| <input type="checkbox"/> Temporary | | From To | State Length of Employment |
| <input type="checkbox"/> For Term of Office | | From To | Give Facts Under Remarks |
| <input type="checkbox"/> Permanent Promotion | | | Return Report of Certification |
| <input type="checkbox"/> Provisional Promotion | | | Attach Nomination |
| <input type="checkbox"/> Non-Competitive Class | | | Attach Application |
| <input type="checkbox"/> Exempt Class | | | Submit This Form Only |
| <input type="checkbox"/> Labor Class | | | Attach Application |
| Terminations | <input type="checkbox"/> Resignation | | Submit Signed Resignation |
| | <input type="checkbox"/> Retirement | | Give Effective Date |
| | <input type="checkbox"/> Deceased | | Indicate Date |
| | <input type="checkbox"/> Removal | | Attach Copy of Proceedings |
| | <input type="checkbox"/> Layoff (lack of work or funds) | | Give Facts Under Remarks |
| Other Changes | <input type="checkbox"/> Military Leave of Absence | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other Leave of Absence | From To | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | Submit Form |
| | <input checked="" type="checkbox"/> Change in Salary | <u>1-1-2023</u> | Indicate New Salary <u>\$14.20 per hr.</u> |
| | <input type="checkbox"/> Change in Name | | Give Facts Under Remarks |
| <input type="checkbox"/> Other | | Give Facts Under Remarks | |

Remarks: 1-1-2023

Appointing Officer: Michelle Duell

Title: Director

Address: 190 N. Main St. Mechanicville NY 12118

Certificate valid until: _____ Date: 1/5/23
R. Lindemann

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

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

By: Michelle K Duell Date: 1-1-23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Josephine Pisculli Social Security Number:

Address: -

Title of Position: Check Salary: @ 14.00 per hr.

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

| Appointments | Check Nature Of Personnel Change | Effective Date | | Action Necessary By Appointing Officer |
|---------------|---|----------------|-----------------|--|
| | | From | To | |
| | <input type="checkbox"/> Permanent | | | Return Report of Certification |
| | <input type="checkbox"/> Provisional | | | Attach Application |
| | <input type="checkbox"/> Temporary | | | State Length of Employment |
| | <input type="checkbox"/> For Term of Office | | | 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 | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Transfer | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Demotion | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Suspension | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Reinstatement | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Change in Classification | | | Give Facts Under Remarks |
| | <input type="checkbox"/> New Position | | | Submit Form |
| | <input checked="" type="checkbox"/> Change in Salary | | <u>7-1-2023</u> | Indicate New Salary @ <u>14.20</u> per hr. |
| | <input type="checkbox"/> Change in Name | | | Give Facts Under Remarks |
| | <input type="checkbox"/> Other | | | Give Facts Under Remarks |

Remarks: _____

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

Appointing Officer: Michelle Duenl DATE: 1/5/23

Title: Director Address: 190 N Main St Mechanicville NY 12118 R. Lindemann

Certificate valid until: _____ Date: _____

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

By: Michelle L Duenl Date: _____