Mechanicville Civil Service Commission Meeting Agenda February 7, 2024 6:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of January 3, 2024
- 3) Communications
- 4) Report of Personnel Changes

City of Mechanicville

- a) Emilia Foard retired as Deputy Commissioner of Accounts effective 12/31/23
- b) Rachel Holbrook resigned as Assessor effective 12/21/23
- c) MaryLou Kling was appointed as Deputy Commissioner of Finance (EX) for term of office 1/8/24-12/31/25
- d) Michael Lucarelli was appointed as Motor Equipment Operator (NC) effective 1/11/24
- e) Joshua Rabideau was appointed as Cleaner (L) effective 1/11/24
- f) William S. Roy was appointed as PT Police Officer (NC) effective 1/12/24
- g) Alexandria Safford was appointed as FT Police Officer (C) effective 1/13/24
- h) Lititia Williams was appointed as Assessor (NC) effective 1/8/24
- i) Kerri Trethaway was appointed as Deputy Commissioner of Accounts (EX) effective 1/2/24

Mechanicville School District

- a) Tracy Monroe was appointed as Network Technician (Prov) effective 1/31/24
- b) Daniel Giacumo was appointed as Network Technician (Prov) effective 1/31/24
- c) Natalie Watson was appointed as Nurse (NC) effective 1/4/24
- d) Angelica Venice was appointed as Teacher Aide (NC) effective 1/3/24
- e) Michael Cefferillo was appointed as Monitor (L) effective 1/3/24
- f) Joshua Viall was given a Permanent Promotion as Mechanic (NC) effective 1/5/24
- g) MaryLouise Kling was given a Permanent Promotion as PT Typist (NC) effective 1/27/24
- h) Kayla Edwards resigned as Teacher Aide effective 1/17/24
- i) Daniel Lucas resigned as Teacher Aide effective 12/13/23

Mechanicville Library

- a) Evelyn Neale was appointed as Librarian (Prov) effective 1/5/24
- b) Emma Oest was appointed as PT Library Clerk (NC) effective 1/16/24

Housing Authority

a) John Brue was given a Permanent Promotion as Part-time Laborer (L) effective 10/1/23

5.) Old Business

- a) Examination held for Code Enforcement Officer 1/13/24
- b) No date yet for examination for Supt. Of Streets and Sewers

6.) New Business

- a) Network Technician, Typist and Sr. Typist examinations scheduled
- b) Annual Report deadline March 1, 2024
- c) Approval of Eligible List for Microcomputer Technician
- d) Public Hearing to be held 2/13/24
- 7.) Appearances
- 8.) Next Meeting March 6, 2024 at 6:00 pm
- 9.) Adjournment

From: City	County 🗌	Town 🗌 Vil	llage Or District 🔲	
	counts			
	st Employee In Position:			
Name of Employee:	Emilia Foard	So	cial Security Number:	
Address:				
Title of Position:	Deputy Commissi	oxes of Account	Salary:	
Non-Veteran	Veteran Disabled V	eteran Exempt	Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
•	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	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	12/31/23	Give Effective Date	
	Deceased	- ,	Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	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:			Givate CHANGO WILLIE CIVIL SERVICE COMMISSION	
Remarks.			CERTIFICE COMMISSION	
Appointing Officer:	11. 11. 01		- CEIVED	
	ChERYL L. BL	odgett,	Tiol 4	
Title: Com	missioner of A	ccounts		
Address: 36 N. Main St. Mechanicville, NY 12118				
Certificate valid until			Date: 12/31/27	
This certij	fies that the above employment is in a Subject to any limita	accordance with Law and Rule, tion or condition specified abo		
By:	end & Blocket	<i>★</i>	Date: 1/10/24	

September 22, 2023

Dear Members of the City Council:

After much thought and consideration, I have determined that I will be retiring from my full time employment with the City of Mechanicville as of Sunday, 12/31/23. Please consider this letter to be notice of my intent to do so.

My tenure working here at the City, as Deputy Commissioner of Accounts, over the past 26 years, has been rewarding in many ways. It has afforded me the opportunity to learn and grow with the ever changing dynamics of City government. I will miss the challenges, and more so the people that I have come to know during my time here, especially the residents of the City that I have served every day.

Now, I feel is the time in my life that I want to spend more time with my family and loved ones. I wish you all the best.

Sincerely,

Emilia Foard

From: City	y 🔀 County 🗌	Town 🗌	Village Or District
Department: As	3essor		
Name And Title of I	Last Employee In Position:		
Name of Employee:	Rachel Holbr	pok	Social Security Number:
Address:			
Title of Position:	ASSESSOR		Salary:
Non-Veteran	Veteran Disabled V	Veteran Exen	npt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
**	Personnel Change	Zincent c Butt	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	10	Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class	-	Attach Application
Terminations	Resignation	12/21/22	Submit Signed Resignation
1 CI MINATIONS	Retirement	16/21/23	Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer	Prom 10	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks Give Facts Under Remarks
	Suspension	<u> </u>	
	Reinstatement		Give Facts Under Remarks Give Facts Under Remarks
	Change in Classification New Position		Give Facts Under Remarks
	Change in Salary		Submit Form
	Change in Name		Indicate New Salary
	Other	 	Give Facts Under Remarks
Remarks:	One	1	MECHANICVILLE CIVIL SERVICE COMMISSION
Appointing Officer	: Cheryl L. B	fodge H	RECEIVED
Title:	minissioner of	Iccounts	DATE//10.24
Address: 36		echanieville	NY 12118
Certificate valid un			Date: /2/34/2#
This cer	rtifies that the above employment is in Subject to any limit	accordance with Law and Ration or condition specified	
By:	Chen & Blod	ztb	Date: 1/10/24

Rachael L Holbrook 2094 Route 67 Ballston Spa, NY 12020

06/28/2023

C. Mark Seber
Commissioner of Accounts
City of Mechanicville
35 North Main Street
Mechanicville, NY 12118

Dear C. Mark Seber:

Please accept this as formal notice of my resignation from the position of Assessor for the City of Mechanicville.

Working for the City of Mechanicville has been a wonderful experience that has afforded me many valuable opportunities to learn and grow, I am very grateful to have been part of this organization.

I will continue to perform my Assessment duties until December 21, 2023.

I wish the City of Mechanicville continued growth and success in the future.

Sincerely,

Rachael L Holbrook

Assessor

From: City	County 🔲	Town	lage Or District 🔲	
Department:				
Finance				
	ast Employee In Position:			
Amanda				
Name of Employee:		Soci	cial Security Number:	
Mary Lou	Kling			
Address.)			
Title of Position:	endy Cominissioner o	of Finance	Salary: 26.25/h. n	
Non-Veteran	Veteran Disabled V	eteran Exempt	Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional	Faces To	Attach Application	
	Temporary	From To	State Length of Employment	
	For Term of Office	From [18 24 To 12 31 2025		
	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	7	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:			MECHANICALLE CIM	
Salary app	oved by City Council 1	1/10/2024	SERVICE COMMISSION	
Appointing Officer				
Title:	ssioner of Finance		CENED	
A 11	onth Main St. Mecha	aniculle, Ny 12	W8 12324	
Certificate valid until: 12/31/2025 Date: 1/4/2024				
This ce	rtifies that the above employment is in a	accordance with Law and Rules tion or condition specified abov	s made in pursuance to Law.	
Dv.	Subject to any alman	or common specifica above		
By: 123/2014				

Report All Personnel Changes On This Form.				
From: City	From: City County Village Or District Village Or District			
Department:	Meihanchille			
Dopartment.	Dept. Public	Works		
Name And Title	e of Last Employee In Position:	000,000		
Name of Emplo	oyee: 11 f	46	Social Security Number:	
Address:	Michael Luc	aselli		
Address:	•	1 i		
Title of Position	1. 4			
	" MED		Salary: \$24.66	
Non-Veteran	l Veteran ☐ Disah	led Veteran Exempt	Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date		
	Personnel Change	Effective Date	Action Necessary By	
	Permanent		Appointing Officer	
	☐ Provisional		Return Report of Certification	
	Temporary	From	Attach Application	
	Substitute	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion	From To	Give Facts Under Remarks	
	Provisional Promotion		Return Report of Certification	
	Non-Competitive Class	1 1	Attach Nomination	
	Exempt Class	1/11/24	Attach Application	
	Labor Class		Submit This Form Only	
Terminations			Attach Application	
e immations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
ı	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
045	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other	Military Leave of Absence		Give Facts Under Remarks	
Changes	Other Leave of Absence	From To	Give Facts Under Remarks	
ļ	Transfer		Give Facts Under Remarks	
ļ	Demotion		Give Facts Under Remarks	
1	Suspension		Give Facts Under Remarks	
].	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
Ļ	New Position		Submit Form	
ļ.	Change in Salary		Indicate New Salary	
].	Change in Name		Give Facts Under Remarks	
	Other		Give Facts Under Remarks	
Remarks:				
Appointing Offic	am of lubl.	cworks Pa	Frick C. Sambati	
itle: Ca	m Public WORKS		MECHANICVILLE CIVIL	
ddress:	Iday Nivel Port	Rd	SERVICE COMMISSION	
		NC.	HEGEIVED	
This ce	rtifies that the above employment is i	n accordance with Law and R		
- /	Subject to any lim	itation or condition specified (
By:	titl I tous		Date:	
	CACAC		1 11/6/27	

	Report All Personnel Changes On This Form.			
From: City			Or District	
Department:	Public Safet	4		
Name And Title	of Last Employee In Position:	ndrew Hou	enbeck.	
Name of Employ		a hidoa a	Social Security Number:	
Address:	0 30300 -111		• • • • • • • • • • • • • • • • • • • •	
	1 21 (11)	DIVE PIVILITE	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Title of Position:	CHEWINER	·	Salary: \$15/HR	
Non-Veteran 🗌		·	pt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
n la - a	Provisional		Attach Application	
	☐ Temporary	From To	State Length of Employment	
	Substitute	From To	Give Facts Under Remarks	
	☐ For Term of Office '	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	☐ Non-Competitive Class		Attach Application	
	☐ Exempt Class		Submit This Form Only	
		1/11/24	Attach Application	
Terminations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	☐ Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other	Military Leave of Absence		Give Facts Under Remarks	
Changes	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	Demotion		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
	New Position		Submit Form	
	Change in Salary		Indicate New Salary Give Facts Under Remarks	
	Change in Name		Give Facts Under Remarks	
	Other Other	<u> </u>	Give racis Officer Remarks	
Remarks:			MECHANICVILLE CIVIL	
Appointing Off	icer: Indonick	othe our	DEACHIED	
Title: Comm. of Public Safety				
Address:	66 N. Mainst.	Mechanicuille	N9 12118	
Certificate vali			J Date:	
This o	certifies that the above employment is Subject to any li	s in accordance with Law an mitation or condition specifi	id Rules made in pursuance to Law.	
By:	Elist Harlas		Date:	
	evener // wing	1 10 11 11 1		
effective date 1/11/24				

Report All Personnel Changes On This Form. From: City V County [Town Village Or District Mechanicville Department: Mechanicville Police Department Name And Title of Last Employee In Position: Name of Employee: William S. Roy Social Security Number: . Address Title of Position: Patrol Officer Part Time Non-Competitive Salary: \$25.75 Disabled Veteran Non-Veteran Veteran 🔳 Exempt Volunteer Firefighter Appointments **Check Nature Of Effective Date Action Necessary By** Personnel Change **Appointing Officer** Return Report of Certification Permanent Provisional Attach Application Temporary From To State Length of Employment Substitute Give Facts Under Remarks From To For Term of Office From Give Facts Under Remarks To Return Report of Certification Permanent Promotion ☐ Provisional Promotion Attach Nomination × Non-Competitive Class 01/12/2024 Attach Application ☐ Exempt Class Submit This Form Only ☐ Labor Class Attach Application Resignation Submit Signed Resignation **Terminations** Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other ☐ Military Leave of Absence Give Facts Under Remarks Changes Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Give Facts Under Remarks Suspension Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Give Facts Under Remarks Other Remarks: MECHANICVILLE CIVIL Appointing Officer: Michael Butler Title: Mayor 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. Date: 1-12-2021

Report All Personnel Changes On This Form.					
From: City County Town Village Or District Mechanicville					
Department: Mechanicville Police Department					
	of Last Employee In Position:				
Name of Employ	yee: Alexandria Safford		Social Security Number:		
Address		1 AN7 44-			
Title of Position	Police Officer Full Time)	Salary: \$52,869.69		
Non-Veteran	Veteran Disab	led Veteran Exem	pt Volunteer Firefighter 🔲		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	× Permanent	01/13/2024	Return Report of Certification		
	Provisional		Attach Application		
	☐ Temporary	From To	State Length of Employment		
	Substitute	From To	Give Facts Under Remarks		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	☐ Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	☐ Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other	Military Leave of Absence		Give Facts Under Remarks		
Changes	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
1	Suspension		Give Facts Under Remarks		
1	Reinstatement		Give Facts Under Remarks		
-	Change in Classification		Give Facts Under Remarks		
ŀ	New Position		Submit Form Indicate New Salary		
}	Change in Salary		Give Facts Under Remarks		
ŀ	Change in Name Other		Give Facts There Reviews CIVIL		
Remarks:	Other		TO THE COMMISSION.		
Remarks.			CEIVED		
Appointing Offic	cer: Michael Butler		MARKET //15/24		
Title: Ma	yor		K. Tradina		
Address:	36 North Main Street, Mecha	nicville, NY 12118			
Certificate valid	until:		Date:		
This ce	rtifies that the above employment is Subject to any lin	in accordance with Law and aitation or condition specifie			
By:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date:		
Wichael J. Busles 1-12-2024					

From: C	ity 🗹 County 🗌	Town 🗌	Village Or District		
Department:	356350R				
None And Title	f Last Employee In Position:	<u> </u>			
Name And Thie o	RACH	nel Hulbrack	- ASS ESTOR		
Name of Employe	e: Lititia Williams		Social Security Number:		
Address:		·	11 (24/ 100-		
Title of Position:	A595550R		Salary:# 17,500 pr 100 ot Volunteer Firefighter		
Non-Veteran 🛂	Veteran Disabled V	eteran 🗌 Exemp	ot Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent	1/8/2024	Return Report of Certification		
	Provisional	18700 24	Attach Application		
	Temporary	From To	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion	Trom 10	Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	✓ Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		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: MECHANICVILLE CIVIL SERVICE COMMISSION					
Appointing Office	": C MARK SEPOR				
Title: Com	IM 55 100 of Accom	45	TEVELYED		
Address: 34	North Main 37 m	Echanicallé, Nº	12/18 12/24		
Certificate valid u			Date: K Sindinan		
This c	ertifies that the above employment is in a Subject to any limita	accordance with Law and Rul tion or condition specified ab			
By:	1 // /				
$\mathcal{L}_{\mathcal{L}}$			Date: /2/2/223		

From: City	County [Town	Village Or District		
Department:	accounts				
Name And Title of Las	st Employee In Position: Emil Kerri Trethau	ia Foard 2	Deputy Comm. of Acofs		
Name of Employee:	Kerri Trethau	vay	Social Security Number:		
Address			- 1		
Title of Position:	Deputy Comm. of	Accounts	Salary: 42,000.00 A		
Non-Veteran	Veteran Disabled		pt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	Temporary	From 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	1/2/24	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		
Dama-dan	Other	1	Give Facts Under Remarks		
Remarks:					
Appointing Officer:	Cheryl L. B.	/ = <i>d</i>	ECHANICVILLE CIVIL ERVICE COMMISSION		
Title:	nm. of Accts		DE CENTER		
Address: 36 N Main St Mechanicuille Ny 12118 1212					
Certificate valid until:					
This certi	fies that the above employment is in				
D	Subject to any limit	tation or condition specified a			
By: hemle Blocket Date: 1/2/24					

From: City County Town T			Village Or D	istrict 🔽	
Department:					
Name And Title of La	ast Employee In Position:				
Name of Employee:	Tracy Monroe	·····		Social Securi	ity Number
Address:					
Title of Position:	Network Technician	<u> </u>		T 5	Salary:
Non-Veteran 🗸	Veteran Disabled V	Veteran 🗍	Exen	npt Volunteer	
Appointments	Check Nature Of		tive Date		ction Necessary By
	Personnel Change	Ence	live Date		
					Appointing Officer
	Permanent				leport of Certification
	x Provisional	1/31/24			pplication
	Temporary	From	То		ngth of Employment
	For Term of Office	From	То	Give Fac	ts Under Remarks
	Permanent Promotion			Return R	eport of Certification
	Provisional Promotion				omination
	Non-Competitive Class				pplication
	Exempt Class			Submit T	his Form Only
	Labor Class				pplication
Terminations	Resignation			Submit S	igned Resignation
	Retirement			Give Effe	octive Date
	Deceased			Indicate l	Date
	Removal			Attach C	opy of Proceedings
	Layoff (lack of work or funds)			Give Fac	ts Under Remarks
Other Changes	Military Leave of Absence	,		Give Fac	ts Under Remarks
	Other Leave of Absence	From	То	Give Fac	ts Under Remarks
	☐ Transfer			Give Fac	ts Under Remarks
	☐ Demotion			Give Fact	ts Under Remarks
	Suspension			Give Fact	s Under Remarks
	Reinstatement			Give Fact	s Under Remarks
	☐ Change in Classification			Give Fact	s Under Remarks
į	☐ New Position			Submit F	orm
	Change in Salary			Indicate N	New Salary
	☐ Change in Name				s Under Remarks
	Other			Give Fact	s Under Remarks
Remarks: R. Lindemann					
Appointing Officer: Colleen DiCaprio MECHANICVILLE CIVIL SERVICE COMMISSION					
^{Title:} Business Man	ager				Sam HA A Mare Bare
Address: 25 Knisker	n Ave. Mechanicville, NY	12118			VEIVED
Certificate valid until:					
This certifi	ies that the above employment is in a	ccordance wit	h Law and Ru	les made in p	ursuance to Law.
By:	Subject to any limitar	ion or conaitie	on specified at		Dota: 1
Collean Caprio				200Dx	

From: City	☐ County ☐	Town 🔲		Village Or District 🔽
Department:	Participation (1994)			
Name And Title of La	ast Employee In Position:		***************************************	
Name of Employee:	Daniel Giacumo			Social Security Number:
Address:				
Title of Position:	Network Technician			Salary:
Non-Veteran 🗸	Veteran Disabled V	/eteran 🔲	Exen	npt Volunteer Firefighter
Appointments	Check Nature Of	Effe	ctive Date	Action Necessary By
•	Personnel Change	-	APERT APPEND	Appointing Officer
	Permanent	+		Return Report of Certification
	x Provisional	1/31/24		Attach Application
	☐ Temporary	From	To	State Length of Employment
	For Term of Office	From	To	Give Facts Under Remarks
	Permanent Promotion	1 10111	10	Return Report of Certification
	Provisional Promotion	 		Attach Nomination
	Non-Competitive Class			Attach Application
	Exempt Class	 		Submit This Form Only
	Labor Class	 		Attach Application
Terminations	Resignation	 		Submit Signed Resignation
i ci mimanumo	Retirement	 		Give Effective Date
	Deceased	 		Indicate Date
	Removal	<u> </u>		
	Layoff (lack of work or funds)	 		Attach Copy of Proceedings
Other Changes	Military Leave of Absence	<u> </u>		Give Facts Under Remarks
Other Changes	Other Leave of Absence	F	m-	Give Facts Under Remarks
		From	To	Give Facts Under Remarks
		ļ		Give Facts Under Remarks
	Demotion	<u> </u>	······	Give Facts Under Remarks
ļ	Suspension	ļ		Give Facts Under Remarks
,	Reinstatement	 		Give Facts Under Remarks
	Change in Classification	<u> </u>		Give Facts Under Remarks
	New Position			Submit Form
	Change in Salary	<u> </u>		Indicate New Salary
ļ	Change in Name			Give Facts Under Remarks
	Other	<u> </u>		Give Facts Under Remarks
Remarks:				R. Lindemann
Appointing Officer: C				SERVICE COMMISSION
Title: Business Mana	ager			
Address: 25 Knisker		12118		
Certificate valid until:				PATE Date:
This certifi	ies that the above employment is in a			
By: (- ()	Subject to any limitat	10n or conacu	on specifica ui	Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u>100</u>	sendilapio			- spops

					
From: City	County	Town	Village Or District 🛮		
Department:					
Name And Title of Las	st Employee In Position:				
Name of Employee:	Natalie Watson		Social Security Number:		
Address:			Manager and the second		
Title of Position:	Nurse		Salary: \$27.05		
Non-Veteran 🗸	Veteran Disabled V	eteran Exe	npt Volunteer Firefighter 🔲		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
1 ppointments	l	Effective Date			
	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	1-4-24	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: C	Colleen DiCaprio		MECHANICVILLE CIVIL		
Title: Business Man	ager				
Address: 25 Knisker		′ 12118	HECEIVED		
Certificate valid until			Date: 1521		
This certij	fies that the above employment is in a	accordance with Law and I			
By: (0110)		ava vi conduion specified	Date:		
- July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

From: City	County	Town	Village Or District 🔽	
Department:				
Name And Title of La	st Employee In Position :			
Name of Employee:	Angelica Venice		Social Security Number:	
Address:				
Title of Position:	Teacher Aide		Salary: \$15,00	
Non-Veteran 🗸	Veteran Disabled V	eteran	pt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
xphamemene	Personnel Change	Effective Bate	Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	x Non-Competitive Class	1/3/24	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:			R. Lindenson	
Appointing Officer:	Colleen DiCaprio	1	MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Man	ager			
Address: 25 Knisker		12118		
Certificate valid until	•	100 4	Dalls: 124	
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.				
	Subject to any limita	uon or conatuon specifica at		
By: (1)	deprio		Date; DD4	

From: City	County	Town	Village Or District 🔽
Department:			
Name And Title of La	st Employee In Position:		
Name of Employee:	Michael Cefferillo		Social Security Number
Address:		·	
Title of Position:	Monitor		Salary: \$15.00
Non-Veteran	Veteran Disabled V	eteran 🗌 Exer	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	110111	Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class	1/3/24	Attach Application
	Exempt Class	110124	Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
1 CI MINIACIUMS	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 Ohmses	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	<u> </u>	Give Facts Under Remarks
Remarks:			R. Lindeman
Appointing Officer: C	Colleen DiCaprio		MECHANICVILLE CIVIL
Title: Business Man	ager		
Address: 25 Kniskei	rn Ave. Mechanicville, NY	12118	MECEIVED
Certificate valid until		<u> </u>	
This certij	fies that the above employment is in a		
D. A.	Subject to any timita	tion or condition specified	
By:	Drejo		Date

From: (City County C	Town [Villaga On District [7]
	Thy Li County Li	TOWN []	Village Or District 🔽
Department:			
Name And Title o	of Last Employee In Position:		Í
	The state of the s		
Name of Employe	ee: Joshua Viali		Social Security Number
	Josiua viaii		
Address:			
Title of Position:	Mechanic		Salary:
Non-Veteran	Veteran Disabled	Veteran T Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
**	Personnel Change	Ellective Date	Appointing Officer
	Permanent		Return Report of Certification
	Provisional	1/5/24	Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion	Flom 10	
	Provisional Promotion		Return Report of Certification Attach Nomination
	Non-Competitive Class		
	Exempt Class		Attach Application
	Labor Class		Submit This Form Only
Terminations	Resignation		Attach Application
1 triminations	Resignation		Submit Signed Resignation
	Deceased		Give Effective Date
	Removal		Indicate Date
			Attach Copy of Proceedings
Other Changes	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence Other Leave of Absence		Give Facts Under Remarks
	Transfer	From To	Give Facts Under Remarks
			Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
n	Other		Give Facts Under Remarks
Remarks:			L- Lindeman
Appointing Office	r: Colleen DiCaprio		MECHANICVILLE CIVIL
Title: Business M	lanager		FUSIN BEREZO ARRAS TOLIA SA A MARINA
^{Address:} 25 Knis		′ 1 711 8	
Certificate valid u	ntil:	12110	Date: 15124
This co	ertifies that the above employment is in a	accordance with Law and R	ules made in pursuance to Law.
	Subject to any limitat	tion or condition specified a	ibove.
By:	el Caprio		Date: DISING

From:	City County C	Town	Village Or District 🔽
Department:			
Name And Title o	of Last Employee In Position:		
Name of Employe	ee: Mary Louise Kling		Social Security Number:
Address:			
Title of Position:			Salary:
Non-Veteran 🗸	Part Time Typist Veteran Disabled V	7.4. []	
			mpt Volunteer Firefighter
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	Permanent		
	Provisional		Return Report of Certification
		F	Attach Application
11	☐ Temporary ☐ For Term of Office	From To	State Length of Employment
	Permanent Promotion	From To	Give Facts Under Remarks
	Provisional Promotion	1/27/24	Return Report of Certification
	Non-Competitive Class	<u> </u>	Attach Nomination
	Exempt Class		Attach Application
	Labor Class	-	Submit This Form Only
Terminations	Resignation		Attach Application
1 CI IIIII ALIOIIS	Retirement		Submit Signed Resignation Give Effective Date
	Deceased		Indicate Date
	Removal		
	Layoff (lack of work or funds)		Attach Copy of Proceedings Give Facts Under Remarks
Other Changes	Military Leave of Absence		
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks Give Facts Under Remarks
	Transfer	110111 10	
	Demotion		Give Facts Under Remarks 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:			R. Linda and
Appointing Office	r: Colleen DiCaprio		MECHANICVILLE CIVIL SERVICE COMMISSION
Title: Business M			
Address: 25 Knisl	kern Ave. Mechanicville, NY	12118	II Carl
Certificate valid ui	ntil:	. A decid	Date.
This ce	ertifies that the above employment is in a Subject to any limitat	ccordance with Law and Rition or condition specified a	ules made in pursuance to Law.
Ву:	Scapio	or common specyten a	Date: 1) Date: 1)

From: City	County	Town 🗌	Village Or District 🔽
Department:			
Name And Title of La	st Employee In Position:		
Name of Employee:	Kayla Edwards		Social Security Number:
Address:	<u></u>		
Title of Position:	Teacher Aide		Salary:
Non-Veteran 🗸	Veteran Disabled \	/eteran Exem	pt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	Тетротагу	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	1/17/24	Submit Signed Resignation
7 01 111	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			R. Lindenson
Appointing Officer:	Colleen DiCaprio		MECHANICVILLE CIVIL SERVICE COMMISSION
Title: Business Man	ager		
Address: 25 Kniske	rn Ave. Mechanicville, N	(12118	16/24
Certificate valid until		R4.2	Date: 11/1/L
This certi	fies that the above employment is in	accordance with Law and Ration or condition specified a	ules made in pursuance to Law.
B /1 1 1	Savjett w uny timut	or community specyton a	Date: N
Ву:	a Drio		1 0 0 0 0 3

To whom it may concern.

I am writing this letter as my formal resignation. My last day will be January 17th 2024. I have taken another position that I feel best suits me and my abilities.

Respectfully

Kayla Edwards

Kayla Edward

From: City	☐ County ☐	Town [Village Or District ☑
Department:				
Name And Title of La	ast Employee In Position :			
Name of Employee:	Daniel Lucas			Social Security Number
Address:				***************************************
Title of Position:	Teacher Aide			Salary:
Non-Veteran	Veteran Disabled	Veteran 🗍	Exem	ot Volunteer Firefighter
Appointments	Check Nature Of		ctive Date	Action Necessary By
••	Personnel Change	12110	cuve Date	
				Appointing Officer
,	Permanent			Return Report of Certification
	Provisional			Attach Application
	Temporary	From	То	State Length of Employment
	For Term of Office	From	То	Give Facts Under Remarks
	Permanent Promotion			Return Report of Certification
	Provisional Promotion			Attach Nomination
	☐ Non-Competitive Class			Attach Application
	Exempt Class			Submit This Form Only
	Labor Class			Attach Application
Terminations	x Resignation	12/13/23		Submit Signed Resignation
	Retirement			Give Effective Date
	Deceased			Indicate Date
	Removal			Attach Copy of Proceedings
	Layoff (lack of work or funds)			Give Facts Under Remarks
Other 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
<u> </u>	New Position			Submit Form
Ì	Change in Salary			
ļ	Change in Name			Indicate New Salary
†	Other			Give Facts Under Remarks
Remarks:				Give Facts Under Remarks
				R. Lindemann
Appointing Officer: C				MECHANICVILLE CIVIL SERVICE COMMISSION
^{Title:} Business Mana	ager			
Address: 25 Knisker	n Ave. Mechanicville, NY	12118		
Certificate valid until:				Date: 4524
This certifi	es that the above employment is in a	ccordance wi	th Law and Rule	es made in pursuance to Law.
3y: (†)	Subject to any limitat	ton or condit	ion specified abo	ve.
CA	Maprio			Date: 0/18/02

Wednesday 2:10 PM

I apologize for the sudden inconvenience but I must take my leave from the teacher aide position with the school district

I apologize for the sudden inconvenience but I must take my leave from the teacher aide position with the school district

Oh no! Did something happen? Are you ok?



iMessage



:		sonnei Changes On In	
From: City	County To	wn Village C	Or District 📙
	/		
Department:	Techanicalle Dist	rict Public	Library
Name And Title	of Last Employee In Position :	rabeth Kuem	ech, librarian
Name of Employ			Social Security Number:
Address:	200//	1.	72/
Address:			1 3 477
Title of Position:			Salary.
Title of Position.	Librarian		Salary: 830 per hr.
Non-Veteran		ed Veteran Exem	pt Volunteer Firefighter
		Effective Date	Action Necessary By
Appointments	Check Nature Of	Ellective Date	1
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	X Provisional	1-5-24	Attach Application
	Temporary	From To	State Length of Employment
	Substitute	From To	Give Facts Under Remarks
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
1	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	Military Leave of Absence		Give Facts Under Remarks
Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	☐ Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	☐ Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	U Other		Give Facts Under Remarks
Remarks: -			MECHANICVILLE CIVIL
	-		SERVICE COMMISSION
Appointing Offi	icer: Michalle Duell		AECEIVED
Title: Durei	+m(
Address:		A 11 A	14 15-118 110 15 4
190 1		echaniculle 1	K and dead at a
Certificate valid			Date:
This c	ertifies that the above employment is Subject to any lin	in accordance with Law an uitation or condition specif	nd Rules made in pursuance to Law. ied above.
By:			Date:
By: // . "			1-5-14

	Report All Per	sonnel Changes On This F	orm
From: City	County 🗍 To	wn 🗌 Village Or Di	strict
Department:	Mechaniciste Dist	act Public Lak	rasu
Name And Title	of Last Employee In Position:	ley Halsp. Cle	rk)
Name of Employ	ee: Emma Oest	So	cial Security Number:
Address: .			
Title of Position:	CLERK (PT)		Salary 18 5.00 per W.
Non-Veteran	Veteran Disabl	ed Veteran Exempt Ve	olunteer Firefighter 🔲
Appointments	Check Nature Of	Effective Date	Action Necessary By
1200	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional	1-16-24	Attach Application
	<u> </u>	From To	State Length of Employment
	Temporary Substitute	From To	Give Facts Under Remarks
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion	110111	Return Report of Certification
6	Provisional Promotion		Attach Nomination
150	Non-Competitive Class		Attach Application
, ,	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
101 minacions	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other	Military Leave of Absence		Give Facts Under Remarks
Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
ŀ	Demotion		Give Facts Under Remarks
]	Suspension		Give Facts Under Remarks
İ	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	N	EGOTA BANKC VIENTED GIVIL
Remarks:	10 001 000	Si	ERVICE COMMISSION
5	18-921-5070		"ENENIED
Appointing Offi	cer: Michelle Duell	i i	
Title:	£.	DATE	1115167
Address: 190	N. Maon St., Mecha	accide NU 121	L. Lidewan
Certificate valid	until:	·	Date:
This ce	ertifies that the above employment is Subject to any lin	in accordance with Law and Ruitation or condition specified a	tles made in pursuance to Law. bove.
By://	7)		Date:
16/1. 1	a blanch		1-11,-24

	. Report All Po	ersonnel Changes On This	Form.
From: City	County 1	own Village Or	District .
Department:	Mechaniciile Ho	ousing Author	:1
Name And Title	of Last Employee In Position :	sosing rolling	ary .
Name of Emplo	yee: T	· · · · · · · · · · · · · · · · · · ·	Social Security Number
	JOHN J. Bri)۔و	C
Address: _	D ~ m × 1 1 1 1 1		
Title of Position	Part Time habores		Salary 15.00 an how
Non-Veteran	Veferan Disat	oled Veteran L Exempt	Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
•	Permanent	<u> </u>	Return Report of Certification
•	Provisional Temporary	37	Attach Application
i	Substitute	From To	State Length of Employment
	Ef Term of Office .		Give Facts Under Remarks
j	Permanent Promotion		Give Faots Under Remarks
,	Provisional Promotion	10/01/00/	Return Report of Certification: Attach Nomination
	Non-Competitive Class	1,	Attach Nomination %
	☐ Exempt Class	f.:	Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other	Military Leave of Absence	• •	Give Facts Under Remarks
Changes	Other Leave of Absence	From To	Give Facts Under Remarks
	☐ Transfer		Give Facts Under Remarks
	☐ Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
<u>ļ.</u>	Reinstatement		Give Pacts Under Remarks
<u> </u>	Change in Classification		Give Facts Under Remarks
<u> </u>	New Position		Submit Form
<u> </u>	Change in Salary		Indicate New Salary
<u> -</u>	Change in Name	*	Give Facts Under Remarks
Remarks:	Other		Give Facts Under Remarks
Appointing Offic	er John Enzian		
l'itle: 🗷 .			
	receive Director		
Address: 2 H	larvis Are. Suitel	Muhanicine	NN. 12118
Certificate valid	àntil:	,	Date:
This cer	tifies that the above employment is in	accordance with Law and Ru	les made in pursuance to Law.
By:	Subject to any unit	tation or condition specified ab	
·	~ 5 /	•	Date: 1/21/2004
7/		0.0-	
		. K-Indeman	MECHANICVILLE CIVIL
		•	OCHVICE COMMISSION
		•	RECEIVED
		7	もは外標 ロマハコル

TITLE Microcom	TITLE OF ELIGIBLE LIST Microcomputer Tech. #23127	 MECHA CIVIL SERVIC	MECHANICVILLE SERVICE COMMISSION	LE Missic	Z	·		
Prepared by Checked by I	Prepared by Rose Ann Lindemann $\mathcal{R}^{\mathcal{A}}$ Checked by Dawnmarie Robens $\mathcal{D}^{\mathcal{R}}$					Date List Established: Expiration Date:	7-Feb-24 7-Feb-27	
Oforoging			Fvam	Vot's	Final	By Commission Action	Certifications	Date and
standing on List	NAME	ADDRESS	Score	ver s Pts	Score		Certifications	Nature of Appt.
٢	Kelly R. Simons		06	0	06			
							· · · ·	
								,
						·		
				,				