

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**

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Accounts

Name And Title of Last Employee In Position :

Name of Employee: Emilia Foard Social Security Number:

Address:

Title of Position: Deputy Commissioner of Accounts Salary:

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		
<input type="checkbox"/> Provisional			Attach Application
<input type="checkbox"/> Temporary	From To		State Length of Employment
<input type="checkbox"/> For Term of Office	From To		Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input type="checkbox"/> Non-Competitive Class			Attach Application
<input type="checkbox"/> Exempt Class			Submit This Form Only
<input type="checkbox"/> Labor Class			Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement	<u>12/31/23</u>	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: Cheryl L. Blodgett

Title: Commissioner of Accounts DATE: 1/10/24

Address: 36 N. Main St. Mechanicville, NY 12118

Certificate valid until: Date: 12/31/27

*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: Cheryl L. Blodgett Date: 1/10/24

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

R. [Signature]

September 22, 2023

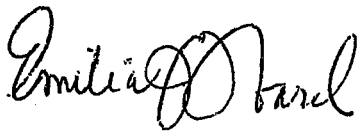
Dear Members of the City Council:

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,

A handwritten signature in black ink that reads "Emilia Foard". The signature is written in a cursive style with a large, decorative initial 'E'.

Emilia Foard

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Assessor</u>				
Name And Title of Last Employee In Position :				
Name of Employee: <u>Rachel Holbrook</u>		Social Security Number:		
Address:				
Title of Position: <u>Assessor</u>			Salary:	
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input checked="" type="checkbox"/> Resignation		<u>12/21/23</u>	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks <i>R. Hadman</i>	
Remarks:				
				
Appointing Officer: <u>Cheryl L. Blodgett</u>				
Title: <u>Commissioner of Accounts</u>			DATE: <u>1/10/24</u>	
Address: <u>36 N. Main St Mechanicville, NY 12118</u>				
Certificate valid until:			Date: <u>12/30/24</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <u>Cheryl L. Blodgett</u>			Date: <u>1/10/24</u>	

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,

A handwritten signature in black ink that reads "Rachael L Holbrook". The signature is written in a cursive style with a large initial "R" and a long horizontal flourish at the end.

Rachael L Holbrook
Assessor

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From:	City <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input type="checkbox"/>
Department: <i>Finance</i>				
Name And Title of Last Employee In Position : <i>Amanda Brill</i>				
Name of Employee: <i>Mary Lou Kling</i>			Social Security Number:	
Address:				

Title of Position: <i>Deputy Commissioner of Finance</i>	Salary: <i>26.25/hr. May 20 12/23/24</i>
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 checked="" type="checkbox"/> For Term of Office	From <i>1/8/24</i> To <i>12/31/2025</i>	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: <i>Salary approved by City Council 1/10/2024</i>		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED
Appointing Officer: <i>Tamar Martin</i>		
Title: <i>Commissioner of Finance</i>		
Address: <i>36 North Main St. Mechanicville, NY 12058</i>		<i>1/23/24</i>
Certificate valid until: <i>12/31/2025</i>	Date: <i>1/19/2024</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>Tamar J Martin</i>		Date: <i>1/23/2024</i>

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City Mechanicville County Town Village Or District

Department: Dept. Public Works

Name And Title of Last Employee In Position :

Name of Employee: Michael Lucarelli Social Security Number:

Address:

Title of Position: MEO Salary: 24.66

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		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> Substitute	From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class	<u>1/11/24</u>	Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks:

Appointing Officer: Com of Public Works Patrick C. Sombati

Title: Com Public Works **MECHANICVILLE CIVIL SERVICE COMMISSION**

Address: 4 Industrial Park Rd **RECEIVED**

Certificate valid until:

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

By: Patrick C. Sombati Date: 1/16/24

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Public Safety</u>				
Name And Title of Last Employee In Position: <u>Andrew Hollenbeck</u>				
Name of Employee: <u>Justina Rabideau</u>		Social Security Number: <u>1</u>		
Address: <u>11111 11111 11111 11111 11111</u>				
Title of Position: <u>Cleaner</u>		Salary: <u>\$15/HR</u>		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class		<u>1/11/24</u>	Attach Application
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks: <i>R. Lindenman</i>				
Appointing Officer: <u>Frederick Kethley</u>		MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED		
Title: <u>Comm. of Public Safety</u>		DATE <u>1/12/24</u>		
Address: <u>36 N. Main St. Mechanicville NY 12118</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: <u>Frederick Kethley</u>		Date:		

effective date 1/11/24

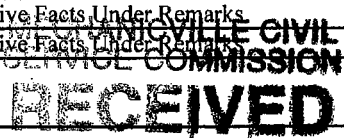
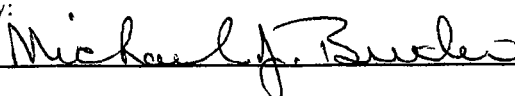
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
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	
Non-Veteran <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary		From To	State Length of Employment
	<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		01/12/2024	Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
Terminations	<input type="checkbox"/> Labor Class			Attach Application
	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Michael Butler		<i>R. Lindeman</i>		
Title: Mayor		MECHANICVILLE CIVIL SERVICE COMMISSION		
Address: 36 North Main Street, Mechanicville, NY 12118		RECEIVED		
Certificate valid until:		DATE	Date: <u>1/15/24</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Michael J. Butler</i>		Date: <u>1-12-2024</u>		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> Mechanicville County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>					
Department: Mechanicville Police Department					
Name And Title of Last Employee In Position :					
Name of Employee: Alexandria Safford		Social Security Number: ,			
Address:					
Title of Position: Police Officer Full Time			Salary: \$52,869.69		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>					
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer	
	<input checked="" type="checkbox"/>	Permanent	01/13/2024	Return Report of Certification	
	<input type="checkbox"/>	Provisional		Attach Application	
	<input type="checkbox"/>	Temporary	From To	State Length of Employment	
	<input type="checkbox"/>	Substitute	From To	Give Facts Under Remarks	
	<input type="checkbox"/>	For Term of Office	From To	Give Facts Under Remarks	
	<input type="checkbox"/>	Permanent Promotion		Return Report of Certification	
	<input type="checkbox"/>	Provisional Promotion		Attach Nomination	
	<input 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: Michael Butler					
Title: Mayor					
Address: 36 North Main Street, 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: 1-12-2024		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: <u>ASSESSOR</u>			
Name And Title of Last Employee In Position: <u>Rachael Helbrook - Assessor</u>			
Name of Employee: <u>Lititia Williams</u>	Social Security Number:		
Address: _____			
Title of Position: <u>Assessor</u>	Salary: <u>\$ 17,500 per yr</u>		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	<u>1/8/2024</u>	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
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	<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: <u>C. Mark Sepp</u>		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: <u>Commissioner of Accounts</u>		RECEIVED	
Address: <u>36 North Main St Mechanicville, NY 12118</u>		<u>12/24</u>	
Certificate valid until:		Date: <u>R. Lindeman</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <u>[Signature]</u>		Date: <u>12/29/2023</u>	

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Accounts

Name And Title of Last Employee In Position : Emilia FOARD Deputy Comm. of Accts

Name of Employee: KERRI TRETHAWAY Social Security Number: _____

Address: _____

Title of Position: Deputy Comm. of Accounts Salary: 42,000.00 ANST

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		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input checked="" type="checkbox"/> Exempt Class	<u>1/2/24</u>	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: Cheryl L. Blodgett *f. Lundenmann*
MECHANICVILLE CIVIL SERVICE COMMISSION

Title: Comm. of Accts **RECEIVED**

Address: 36 N Main St Mechanicville NY 12118 1/2/24

Certificate valid until: _____ Date: 1/2/24

*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: Cheryl L Blodgett Date: 1/2/24

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: Tracy Monroe		Social Security Number:	
Address:			
Title of Position: Network Technician			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 checked="" type="checkbox"/> Provisional	1/31/24	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 1/15/24	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:			Date: _____
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Colleen DiCaprio</i>			Date: <i>2/20/23</i>

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: _____

Name And Title of Last Employee In Position : _____

Name of Employee: Daniel Giacomo Social Security Number: _____

Address: _____

Title of Position: Network Technician Salary: _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	1/31/24	Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: _____

Appointing Officer: Colleen DiCaprio *R. Lindemann*
MECHANICVILLE CIVIL SERVICE COMMISSION
RECEIVED
DATE: 1/4/23

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: _____ Date: _____

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

By: *Colleen DiCaprio* Date: *12/20/23*

Sent 11/24/24

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department:

Name And Title of Last Employee In Position :

Name of Employee: Natalie Watson Social Security Number:

Address:

Title of Position: Nurse Salary: \$27.05

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		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	1-4-24	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: Colleen DiCaprio

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until:

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

By: Colleen DiCaprio Date: 11/24/24

R. Lindemann
MECHANICVILLE CIVIL SERVICE COMMISSION
RECEIVED

DATE: 11/24/24

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: _____

Name And Title of Last Employee In Position : _____

Name of Employee: Angelica Venice Social Security Number: _____

Address: _____

Title of Position: Teacher Aide Salary: \$15.00

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		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	1/3/24	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: Colleen DiCaprio
 Title: Business Manager
 Address: 25 Kniskern Ave. Mechanicville, NY 12118
 Certificate valid until: _____ Date: 1/5/24

R. Lindeman
**MECHANICVILLE CIVIL
 SERVICE COMMISSION**
RECEIVED
 1/5/24

*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: *C DiCaprio* Date: *1/5/24*

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department:

Name And Title of Last Employee In Position :

Name of Employee: Michael Cefferillo Social Security Number:

Address:

Title of Position: Monitor Salary: \$15.00

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		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	1/3/24	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: Colleen DiCaprio *R. Lindeman*

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: DATE _____ Date: 11/24

**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: *DiCaprio* Date: *11/24*

Supplementary Payroll Certification and Report of Personnel Change

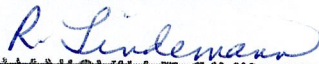
Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Joshua Viall					Social Security Number:		
Address:							
Title of Position: Mechanic						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			1/5/24		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 checked="" type="checkbox"/> Permanent Promotion					Return Report of Certification	
	<input type="checkbox"/> Provisional Promotion					Attach Nomination	
	<input type="checkbox"/> Non-Competitive Class					Attach Application	
	<input type="checkbox"/> Exempt Class					Submit This Form Only	
	<input type="checkbox"/> Labor Class					Attach Application	
Terminations	<input type="checkbox"/> Resignation					Submit Signed Resignation	
	<input type="checkbox"/> Retirement					Give Effective Date	
	<input type="checkbox"/> Deceased					Indicate Date	
	<input type="checkbox"/> Removal					Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)					Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence					Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence			From To		Give Facts Under Remarks	
	<input type="checkbox"/> Transfer					Give Facts Under Remarks	
	<input type="checkbox"/> Demotion					Give Facts Under Remarks	
	<input type="checkbox"/> Suspension					Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement					Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification					Give Facts Under Remarks	
	<input type="checkbox"/> New Position					Submit Form	
	<input type="checkbox"/> Change in Salary					Indicate New Salary	
	<input type="checkbox"/> Change in Name					Give Facts Under Remarks	
<input type="checkbox"/> Other					Give Facts Under Remarks		
Remarks:							
Appointing Officer: Colleen DiCaprio						<i>R. Lindeman</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED 1/5/24	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118							
Certificate valid until:						Date: 1/5/24	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>C. DiCaprio</i>						Date: 1/5/24	

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: Mary Louise Kling	Social Security Number:																																																																																				
Address:																																																																																					
Title of Position: Part Time Typist	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 checked="" 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 checked="" type="checkbox"/> Permanent Promotion</td> <td>1/27/24</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 type="checkbox"/> Resignation</td> <td></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 checked="" 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 checked="" type="checkbox"/> Permanent Promotion	1/27/24	Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input type="checkbox"/> Non-Competitive Class		Attach Application	<input type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application	Terminations			<input type="checkbox"/> Resignation		Submit Signed Resignation	<input type="checkbox"/> Retirement		Give Effective Date	<input type="checkbox"/> Deceased		Indicate Date	<input type="checkbox"/> Removal		Attach Copy of Proceedings	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks	Other Changes			<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	<input type="checkbox"/> Transfer		Give Facts Under Remarks	<input type="checkbox"/> Demotion		Give Facts Under Remarks	<input type="checkbox"/> Suspension		Give Facts Under Remarks	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	<input type="checkbox"/> New Position		Submit Form	<input type="checkbox"/> Change in Salary		Indicate New Salary	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	<input type="checkbox"/> Other		Give Facts Under Remarks
Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer																																																																																			
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<input type="checkbox"/> Labor Class		Attach Application																																																																																			
Terminations																																																																																					
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<input type="checkbox"/> Deceased		Indicate Date																																																																																			
<input type="checkbox"/> Removal		Attach Copy of Proceedings																																																																																			
<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks																																																																																			
Other Changes																																																																																					
<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Transfer		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Demotion		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Suspension		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Reinstatement		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Change in Classification		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> New Position		Submit Form																																																																																			
<input type="checkbox"/> Change in Salary		Indicate New Salary																																																																																			
<input type="checkbox"/> Change in Name		Give Facts Under Remarks																																																																																			
<input type="checkbox"/> Other		Give Facts Under Remarks																																																																																			
Remarks:																																																																																					
Appointing Officer: Colleen DiCaprio																																																																																					
Title: Business Manager																																																																																					
Address: 25 Kniskern Ave. Mechanicville, NY 12118																																																																																					
Certificate valid until:	Date: 1/5/24																																																																																				
<p><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></p>																																																																																					
By: C. DiCaprio	Date: 12/30/23																																																																																				


MECHANICVILLE CIVIL SERVICE COMMISSION
RECEIVED

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: _____

Name And Title of Last Employee In Position : _____

Name of Employee: Kayla Edwards Social Security Number: _____

Address: _____

Title of Position: Teacher Aide Salary: _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		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	1/17/24	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks

Remarks: _____

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

Title: Business Manager

Address: 25 Kniskern Ave. Mechanicville, NY 12118

Certificate valid until: _____ Date: 1/5/24

*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: *C DiCaprio* Date: 2/22/23

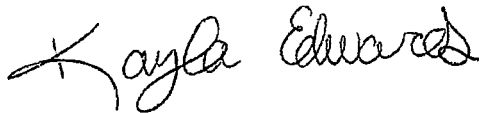
12/22/23

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

A handwritten signature in black ink that reads "Kayla Edwards". The signature is written in a cursive style with a large, stylized initial 'K'.

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: Daniel Lucas		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	12/13/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Colleen DiCaprio		<i>R. Lindemann</i> MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED	
Title: Business Manager			
Address: 25 Kniskern Ave. Mechanicville, NY 12118			
Certificate valid until:		Date: 11/5/24	
<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>CDiCaprio</i>		Date: 12/18/23	

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



**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: Elizabeth Kusmoch, Librarian

Name of Employee: Evelyn Neely Social Security Number: _____

Address: _____

Title of Position: Librarian Salary: 20 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 checked="" type="checkbox"/> Provisional		<u>1-5-24</u>		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 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

Appointing Officer: Michelle Duell

RECEIVED

Title: Director DATE: 1/10/24

Address: 190 N. Main Street, Mechanicville NY 12118 Date: R. Lindeman

Certificate valid until: _____

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

By: Michelle Duell Date: 1-5-24

**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: Harley Halse, Clerk

Name of Employee: Emma Oest Social Security Number: _____

Address: _____

Title of Position: Clerk (PT) Salary: \$15.00 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 checked="" type="checkbox"/> Provisional		<u>1-16-24</u>	Attach Application
<input type="checkbox"/> Temporary		From To	State Length of Employment
<input type="checkbox"/> Substitute		From To	Give Facts Under Remarks
<input type="checkbox"/> For Term of Office		From To	Give Facts Under Remarks
<input type="checkbox"/> Permanent Promotion			Return Report of Certification
<input type="checkbox"/> Provisional Promotion			Attach Nomination
<input checked="" type="checkbox"/> Non-Competitive Class			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			

Remarks: 518-921-5070

Appointing Officer: Michelle Duell DATE: 1/18/24

Title: Director

Address: 190 N. Main St., Mechanicville Ny 12118

Certificate valid until: _____ Date: _____

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

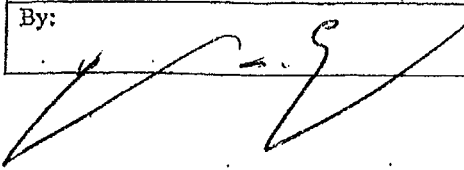
R. Indemann

*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 Duell Date: 1-16-24

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

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>			
Department: Mechanicville Housing Authority			
Name And Title of Last Employee In Position :			
Name of Employee: John J. Brue		Social Security Number: C	
Address: 0			
Title of Position: Part Time laborer		Salary: 15.00 an hour	
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
	<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"/> Substitute		Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office		Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
<input type="checkbox"/> Labor Class		Attach Application	
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: John Enzian			
Title: Executive Director			
Address: 2 Harris Ave. Suite 1, Mechanicville, N.Y. 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: 2/22/2024

R. Lindemann **MECHANICVILLE CIVIL SERVICE COMMISSION**

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DATE 1/30/24

TITLE OF ELIGIBLE LIST Microcomputer Tech. #23127		MECHANICVILLE CIVIL SERVICE COMMISSION				Date List Established: 7-Feb-24 Expiration Date: 7-Feb-27 By Commission Action		Date and Nature of Appt.
Standing on List	NAME	ADDRESS	Exam Score	Vet's Pts	Final Score	Canvass Result	Certifications	
1	Kelly R. Simons		90	0	90			