

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

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

City of Mechanicville

- a) Patrick Bruno resigned as Animal Control Officer effective 2/1/23
- b) Donald Horn, Jr. was appointed Motor Equipment Operator (L) effective 10/17/22
- c) Austin McGuire was appointed PT Police Officer (NC) effective 2/8/23
- d) Jordan McBride was promoted to Police Sergeant (C) effective 2/8/23

Mechanicville School District

- a) Vera Boomhower resigned as Food Service Worker effective 1/12/23
- b) Briana Bowen resigned as Tax Collector effective 2/10/23
- c) Lucas Castillo was appointed as Cleaner (L) effective 1/11/23
- d) Kimberly Dunn was appointed from provisional to permanent Administrative Secretary (C) effective 12/7/22
- e) Misty Forhan was appointed Food Service Worker (L) effective 2/3/23
- f) Karen Higgins resigned as Typist effective 2/2/23 and was appointed to the position of Administrative Secretary (C) effective 2/3/23
- g) Sydney Leonard resigned as Administrative Secretary effective 2/12/23 and was appointed to the position of Tax Collector (EX) effective 2/13/23
- h) Josephine Pisculli resigned as Sr. Typist effective 2/2/23 and was appointed to the position of Administrative Secretary effective 2/3/23
- i) Stacey Rorick resigned as Food Service Worker effective 2/28/23

Mechanicville Library

- a) Josephine Pisculli resigned as Library Clerk effective 2/28/23
- b) Melissa Wallace will be retiring as Senior Library Clerk effective 3/31/23

- 5.) Old Business – None
- 6.) New Business
 - 2022 Annual Report submitted to NYS Department of Civil Service
 - Bill sent to Mechanicville School District for their share of the Mechanicville Civil Service Commission budget for 2022
 - Approve new position of Librarian 1 for the Mechanicville Library
- 7.) Appearances
- 8.) Next Meeting April 5, 2023
- 9.) Adjournment

**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:			
Name And Title of Last Employee In Position :			
Name of Employee: <u>Patrick Bruno</u>	Social Security Number:		
Address:			
Title of Position: <u>Animal Control Officer</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
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input checked="" type="checkbox"/> Resignation	<u>February 1, 2023</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		MECHANICVILLE CIVIL SERVICE COMMISSION	
Remarks:		RECEIVED	
Appointing Officer: <u>Fred Hosley</u>		DATE <u>2/24/23</u> <i>R. L. L. L. L. L.</i>	
Title: <u>Commissioner of Public Safety</u>			
Address: <u>36 N Main Street, 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 Hosley</u>		Date: <u>2/21/23</u>	

Dear City of Mechanicville,

I want to thank all the people of Mechanicville for their cooperation and understanding in the process of doing my job. I think I have done it long enough. It's time to retire. It is not fun waking up in the middle of the night and having to run to the shelter. I found it to be an honor and a privilege to do this job. I just want to say thank you to everyone who gave me the support when I needed it.

Sincerely,

Patrick J. Bruno 2-7-23
Patrick J. Bruno

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED

DATE 2/24/23

R. Lindemann

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Department of Public Works

Name And Title of Last Employee In Position :

Name of Employee: Donald Horn Jr Social Security Number:

Address:

Title of Position: Motor Equipment Operator Salary: 21.36

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input type="checkbox"/> Temporary			State Length of Employment
	<input type="checkbox"/> For Term of Office			Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification
	<input type="checkbox"/> Provisional Promotion			Attach Nomination
	<input type="checkbox"/> Non-Competitive Class			Attach Application
	<input type="checkbox"/> Exempt Class			Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class		<u>10/17/22</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			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 / Acting Commissioner of Public Works Commissioner

Address: 36 N Main Street, 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: Michael J. Butler Date: 1-31-2023

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 1/31/23

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: Austin J. McGuire		Social Security Number: *		
Address:				
Title of Position: Police Officer Part Time Non-Competitive		Salary: \$25.00		
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		02/08/2023	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		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Mayor		RECEIVED		
Address: 36 North Main Street, Mechanicville, NY 12118		DATE <u>2/13/23</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>Michael J. Butler</u>		Date: 02/08/2023		

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: Jordan McBride		Social Security Num' ...3		
Address: - - -				
Title of Position: Police Sergeant		Salary: \$82,044.02		
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"/> Substitute	From	To	Give Facts Under Remarks
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks
	<input checked="" type="checkbox"/> Permanent Promotion		02/08/2023	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		MECHANICVILLE CIVIL SERVICE COMMISSION		
Title: Mayor		RECEIVED		
Address: 36 North Main Street, Mechanicville, NY 12118		DATE: <u>2/13/23</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>Michael J. Butler</u>		Date: 02/08/2023		

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Vera Boomhower						Social Security Number:	
Address:							
Title of Position: Food Service Worker						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	1/12/23		Submit Signed Resignation			
	<input type="checkbox"/> Retirement			Give Effective Date			
	<input type="checkbox"/> Deceased			Indicate Date			
	<input type="checkbox"/> Removal			Attach Copy of Proceedings			
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks			
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks			
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks			
	<input type="checkbox"/> Transfer			Give Facts Under Remarks			
	<input type="checkbox"/> Demotion			Give Facts Under Remarks			
	<input type="checkbox"/> Suspension			Give Facts Under Remarks			
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks			
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks			
	<input type="checkbox"/> New Position			Submit Form			
	<input type="checkbox"/> Change in Salary			Indicate New Salary			
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks			
	<input type="checkbox"/> Other			Give Facts Under Remarks			
Remarks:							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>	
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118						DATE: 2/6/23	
Certificate valid until:						Date: <i>Ludemann</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A Birch</i>						Date: 1/23/23	

8:24



Photo v

Done



vera >



Today 7:13 AM

Hi Deb unfortunately Thursday was my last day of employment at your kitchen . I will make arrangements to hand in extra aprons I was given .Thank you .

I'm very sorry to hear that vera. Do you feel you cannot do the job? You're a great person with much potential and our students like having you here. I'm sorry to lose you



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: Briana Bowen		Social Security Number:	
Address:			
Title of Position: Tax Collector			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	02/10/2023	Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 2/14/23	
Certificate valid until:		Date: <i>R. Lindemann</i>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: 2/14/23	

January 12, 2023

Briana Bowen

Tax Collector & Deputy Treasurer

Mechanicville City School District

Dear Jodi Birch,

I would like to notify you that I am resigning from my position as Tax Collector, Deputy Treasurer & Student Activity Treasurer for Mechanicville City School District effective Friday, February 10, 2023. I am resigning because the job is not a good fit for me.

I am grateful for the opportunity and if there is anything I can do to make this transition go smoothly, please let me know.

Thank You.

Sincerely,

Briana Bowen

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 2 | 14 | 23

**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: **Lucas Castillo** Social Security Number: **λ** _____

Address: _____

Title of Position: **Cleaner** Salary: _____

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	1/11/23	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
<input type="checkbox"/> Other		Give Facts Under Remarks	

Remarks: _____

Appointing Officer: **Jodi A. Birch** **MECHANICVILLE CIVIL SERVICE COMMISSION**

Title: **Business Manager**

Address: **25 Kniskern Ave. Mechanicville, NY 12118** **RECEIVED**

Certificate valid until: _____ DATE _____ Date: **2/6/23**

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

By: *Jodi A. Birch* Date: **2/6/23**

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Kimberly Dunn					Social Security Number: X)		
Address:							
Title of Position: Admistrative Secretary						Salary:	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer			
	<input checked="" type="checkbox"/> Permanent	12/7/2022		Return Report of Certification			
	<input type="checkbox"/> Provisional			Attach Application			
	<input type="checkbox"/> Temporary	From	To	State Length of Employment			
	<input type="checkbox"/> For Term of Office	From	To	Give Facts Under Remarks			
	<input type="checkbox"/> Permanent Promotion			Return Report of Certification			
	<input type="checkbox"/> Provisional Promotion			Attach Nomination			
	<input type="checkbox"/> Non-Competitive Class			Attach Application			
	<input type="checkbox"/> Exempt Class			Submit This Form Only			
	<input type="checkbox"/> Labor Class			Attach Application			
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation			
	<input type="checkbox"/> Retirement			Give Effective Date			
	<input type="checkbox"/> Deceased			Indicate Date			
	<input type="checkbox"/> Removal			Attach Copy of Proceedings			
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks			
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks			
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks			
	<input type="checkbox"/> Transfer			Give Facts Under Remarks			
	<input type="checkbox"/> Demotion			Give Facts Under Remarks			
	<input type="checkbox"/> Suspension			Give Facts Under Remarks			
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks			
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks			
	<input type="checkbox"/> New Position			Submit Form			
	<input type="checkbox"/> Change in Salary			Indicate New Salary			
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks			
	<input type="checkbox"/> Other			Give Facts Under Remarks			
Remarks:							
Appointing Officer: Jodi A. Birch						MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager						RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118						DATE <u>2/6/23</u> <i>R. Anderson</i>	
Certificate valid until:						Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>						Date: <u>2/6/23</u>	

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Misty Forhan	Social Security Number:		
Address:			
Title of Position: Food Service Worker	Salary: \$14.20/hr		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input checked="" type="checkbox"/> Labor Class	2/3/23	Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>2/6/23</u> <i>K. Lindemann</i>	
Certificate valid until:		Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>		Date: <u>2/6/23</u>	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>																																																																															
Department:																																																																															
Name And Title of Last Employee In Position :																																																																															
Name of Employee: Karen Higgins	Social Security Number:																																																																														
Title of Position: Typist																																																																															
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>	Salary:																																																																														
Appointments	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Check Nature Of Personnel Change</th> <th style="width: 20%;">Effective Date</th> <th style="width: 50%;">Action Necessary By Appointing Officer</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Permanent</td><td></td><td>Return Report of Certification</td></tr> <tr><td><input type="checkbox"/> Provisional</td><td></td><td>Attach Application</td></tr> <tr><td><input type="checkbox"/> Temporary</td><td>From To</td><td>State Length of Employment</td></tr> <tr><td><input type="checkbox"/> For Term of Office</td><td>From To</td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Permanent Promotion</td><td></td><td>Return Report of Certification</td></tr> <tr><td><input type="checkbox"/> Provisional Promotion</td><td></td><td>Attach Nomination</td></tr> <tr><td><input type="checkbox"/> Non-Competitive Class</td><td></td><td>Attach Application</td></tr> <tr><td><input type="checkbox"/> Exempt Class</td><td></td><td>Submit This Form Only</td></tr> <tr><td><input type="checkbox"/> Labor Class</td><td></td><td>Attach Application</td></tr> <tr><td><input checked="" type="checkbox"/> Resignation</td><td>2/2/23</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><input type="checkbox"/> Military Leave of Absence</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Other Leave of Absence</td><td>From To</td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Transfer</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Demotion</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Suspension</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Reinstatement</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Change in Classification</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> New Position</td><td></td><td>Submit Form</td></tr> <tr><td><input type="checkbox"/> Change in Salary</td><td></td><td>Indicate New Salary</td></tr> <tr><td><input type="checkbox"/> Change in Name</td><td></td><td>Give Facts Under Remarks</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td>Give Facts Under Remarks</td></tr> </tbody> </table>	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer	<input type="checkbox"/> Permanent		Return Report of Certification	<input type="checkbox"/> Provisional		Attach Application	<input type="checkbox"/> Temporary	From To	State Length of Employment	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks	<input type="checkbox"/> Permanent Promotion		Return Report of Certification	<input type="checkbox"/> Provisional Promotion		Attach Nomination	<input type="checkbox"/> Non-Competitive Class		Attach Application	<input type="checkbox"/> Exempt Class		Submit This Form Only	<input type="checkbox"/> Labor Class		Attach Application	<input checked="" type="checkbox"/> Resignation	2/2/23	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	<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
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Terminations																																																																															
Other Changes																																																																															
Remarks:																																																																															
MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED DATE <u>2/6/23</u> <i>L. Lindeman</i>																																																																															
Appointing Officer: Jodi A. Birch																																																																															
Title: Business Manager																																																																															
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By: <i>Jodi A. Birch</i>	Date: 2/6/23																																																																														

January 25, 2023

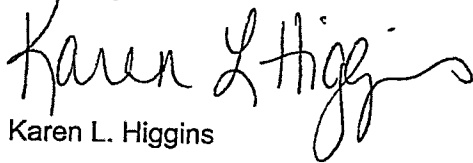
Mr. Michael Mitchell
Principal
Mechanicville High School
25 Kniskern Avenue
Mechanicville, NY 12118

Dear Mr. Mitchell:

Please accept this as my letter of resignation from my position as Typist as of February 2, 2023. This resignation is in anticipation of my Administrative Secretary position appointment as of February 3, 2023.

Thank you for your consideration.

Sincerely,


Karen L. Higgins

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED
DATE 2/6/23

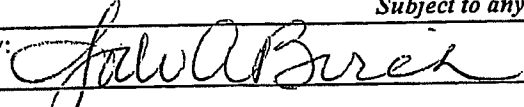
Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Karen Higgins		Social Security Number: -----	
Address:			
Title of Position: Administrative Secretary			Salary: \$21.86/hr
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	2/3/23	Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE 2/6/23 <i>R. Lindeman</i>	
Certificate valid until:		Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A Birch</i>		Date: 2/6/23	

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From:	City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Sydney Leonard			Social Security Number:	
Address:				
Title of Position: Administrative Secretary				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	2/12/2023	Submit Signed Resignation	
	<input type="checkbox"/> Retirement		Give Effective Date	
	<input type="checkbox"/> Deceased		Indicate Date	
	<input type="checkbox"/> Removal		Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer		Give Facts Under Remarks	
	<input type="checkbox"/> Demotion		Give Facts Under Remarks	
	<input type="checkbox"/> Suspension		Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks	
	<input type="checkbox"/> New Position		Submit Form	
	<input type="checkbox"/> Change in Salary		Indicate New Salary	
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks	
	<input type="checkbox"/> Other		Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch			MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager			RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118			DATE <u>2/6/23 R. Lindeman</u>	
Certificate valid until:			Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: 			Date: <u>2/6/23</u>	

January 19, 2023

Dear Jodi Birch,

I am resigning from my position of Administrative Secretary effective February 12, 2023 to accept the position of Tax Collector effective February 13, 2023.

Sincerely,



Sydney Leonard

*Classroom
A
acknowled
2023.02.06*

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 2/6/23

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>			
Department:			
Name And Title of Last Employee In Position :			
Name of Employee: Sydney Leonard		Social Security Number:	
Address:			
Title of Position: Tax Collector			Salary: \$38,691/yr
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent		Return Report of Certification
	<input type="checkbox"/> Provisional		Attach Application
	<input type="checkbox"/> Temporary	From To	State Length of Employment
	<input type="checkbox"/> For Term of Office	From To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application
	<input checked="" type="checkbox"/> Exempt Class	02/13/2023	Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION	
Title: Business Manager		RECEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>2/14/23</u> <i>R. Lindeman</i>	
Certificate valid until:		Date:	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: 2/14/23	

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input checked="" type="checkbox"/>				
Department:				
Name And Title of Last Employee In Position :				
Name of Employee: Josephine Pisculli		Social Security Number:		
Address:				
Title of Position: Sr. Typist			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		2/2/23	Submit Signed Resignation
	<input type="checkbox"/> Retirement			Give Effective Date
	<input type="checkbox"/> Deceased			Indicate Date
	<input type="checkbox"/> Removal			Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence		From To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer			Give Facts Under Remarks
	<input type="checkbox"/> Demotion			Give Facts Under Remarks
	<input type="checkbox"/> Suspension			Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks
	<input type="checkbox"/> New Position			Submit Form
	<input type="checkbox"/> Change in Salary			Indicate New Salary
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks
<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:				
Appointing Officer: Jodi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>		
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE <u>2/16/23</u> <i>R. Lindeman</i>		
Certificate valid until:		Date:		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A Birch</i>		Date: <u>2/16/23</u>		



Mechanicville City School District

Mechanicville Elementary School

25 Kniskern Avenue

Mechanicville, NY 12118

Phone: (518) 664-7336

Principal-Donald J. Dieckmann, Jr.

January 25, 2023

To the Administrators and Board of Education of the Mechanicville City School District:

Please accept this letter of resignation as Senior Typist in the Mechanicville City School District effective February 2, 2023, in hopeful anticipation of appointment as Administrative Secretary to Building Principal (Elementary) effective February 3, 2023.

Thank you,

A handwritten signature in black ink, appearing to read "Jo Pisculli". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jo Pisculli

MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE 2/6/23

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

Report All Personnel Changes On This Form.

From: City <input type="checkbox"/>		County <input type="checkbox"/>		Town <input type="checkbox"/>		Village Or District <input checked="" type="checkbox"/>	
Department:							
Name And Title of Last Employee In Position :							
Name of Employee: Josephine Pisculli					Social Security Number:		
Address:							
Title of Position: Administrative Secretary						Salary: \$21.71/hr	
Non-Veteran <input checked="" type="checkbox"/>		Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>		Exempt Volunteer Firefighter <input type="checkbox"/>	
Appointments	Check Nature Of Personnel Change		Effective Date		Action Necessary By Appointing Officer		
	<input checked="" type="checkbox"/> Permanent		2/3/23		Return Report of Certification		
	<input type="checkbox"/> Provisional				Attach Application		
	<input type="checkbox"/> Temporary		From To		State Length of Employment		
	<input type="checkbox"/> For Term of Office		From To		Give Facts Under Remarks		
	<input type="checkbox"/> Permanent Promotion				Return Report of Certification		
	<input type="checkbox"/> Provisional Promotion				Attach Nomination		
	<input type="checkbox"/> Non-Competitive Class				Attach Application		
	<input type="checkbox"/> Exempt Class				Submit This Form Only		
	<input type="checkbox"/> Labor Class				Attach Application		
Terminations	<input type="checkbox"/> Resignation				Submit Signed Resignation		
	<input type="checkbox"/> Retirement				Give Effective Date		
	<input type="checkbox"/> Deceased				Indicate Date		
	<input type="checkbox"/> Removal				Attach Copy of Proceedings		
	<input type="checkbox"/> Layoff (lack of work or funds)				Give Facts Under Remarks		
Other Changes	<input type="checkbox"/> Military Leave of Absence				Give Facts Under Remarks		
	<input type="checkbox"/> Other Leave of Absence		From To		Give Facts Under Remarks		
	<input type="checkbox"/> Transfer				Give Facts Under Remarks		
	<input type="checkbox"/> Demotion				Give Facts Under Remarks		
	<input type="checkbox"/> Suspension				Give Facts Under Remarks		
	<input type="checkbox"/> Reinstatement				Give Facts Under Remarks		
	<input type="checkbox"/> Change in Classification				Give Facts Under Remarks		
	<input type="checkbox"/> New Position				Submit Form		
	<input type="checkbox"/> Change in Salary				Indicate New Salary		
	<input type="checkbox"/> Change in Name				Give Facts Under Remarks		
<input type="checkbox"/> Other				Give Facts Under Remarks			
Remarks:							
Appointing Officer: Jodi A. Birch					MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED		
Title: Business Manager							
Address: 25 Kniskern Ave. Mechanicville, NY 12118					DATE: 2/6/23		
Certificate valid until:					Date: R. Lindemann		
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>							
By: <i>Jodi A. Birch</i>					Date: 2/6/23		

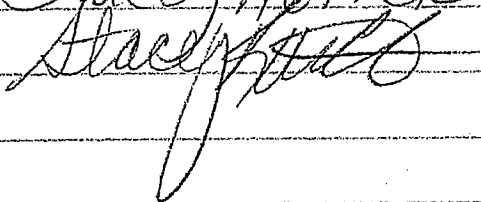
**Supplementary Payroll Certification and
Report of Personnel Change**

Report All Personnel Changes On This Form.

From:		City <input type="checkbox"/>	County <input type="checkbox"/>	Town <input type="checkbox"/>	Village Or District <input checked="" type="checkbox"/>
Department:					
Name And Title of Last Employee In Position :					
Name of Employee: Stacey Rorick				Social Security Number:	
Address:					
Title of Position: Food Service Worker				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	2/28/23		Submit Signed Resignation	
	<input type="checkbox"/> Retirement			Give Effective Date	
	<input type="checkbox"/> Deceased			Indicate Date	
	<input type="checkbox"/> Removal			Attach Copy of Proceedings	
	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks	
Other Changes	<input type="checkbox"/> Military Leave of Absence			Give Facts Under Remarks	
	<input type="checkbox"/> Other Leave of Absence	From	To	Give Facts Under Remarks	
	<input type="checkbox"/> Transfer			Give Facts Under Remarks	
	<input type="checkbox"/> Demotion			Give Facts Under Remarks	
	<input type="checkbox"/> Suspension			Give Facts Under Remarks	
	<input type="checkbox"/> Reinstatement			Give Facts Under Remarks	
	<input type="checkbox"/> Change in Classification			Give Facts Under Remarks	
	<input type="checkbox"/> New Position			Submit Form	
	<input type="checkbox"/> Change in Salary			Indicate New Salary	
	<input type="checkbox"/> Change in Name			Give Facts Under Remarks	
	<input type="checkbox"/> Other			Give Facts Under Remarks	
Remarks:					
Appointing Officer: Jodi A. Birch				MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED <i>2/6/23 R. Henderson</i>	
Title: Business Manager					
Address: 25 Kniskern Ave. Mechanicville, NY 12118					
Certificate valid until:				Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>					
By: <i>Jodi A. Birch</i>				Date: 2/6/23	

To whom it may concern:

I'm writing to inform you that as of January 31, 2023, I'm tendering my resignation as food service worker. With my last day being February 28, 2023.

Thank you,
Stacey Horick


MECHANICVILLE CIVIL
SERVICE COMMISSION

RECEIVED

DATE

2/6/23

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

Report All Personnel Changes On This Form.

From: City County Town Village Or District

Department: Mechanicville District Public Library

Name And Title of Last Employee In Position :

Name of Employee: Josephine Pisculli Social Security Number:

Address:

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

Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date		Action Necessary By Appointing Officer
		From	To	
<input type="checkbox"/>	Permanent			Return Report of Certification
<input type="checkbox"/>	Provisional			Attach Application
<input type="checkbox"/>	Temporary			State Length of Employment
<input type="checkbox"/>	For Term of Office			Give Facts Under Remarks
<input type="checkbox"/>	Permanent Promotion			Return Report of Certification
<input type="checkbox"/>	Provisional Promotion			Attach Nomination
<input type="checkbox"/>	Non-Competitive Class			Attach Application
<input type="checkbox"/>	Exempt Class			Submit This Form Only
<input type="checkbox"/>	Labor Class			Attach Application
Terminations	<input checked="" type="checkbox"/>	Resignation	<u>2-28-23</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
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		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: Michelle Duell

Title: Director

Address: 190 N. Main St. 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: Michelle L Duell Date: 2/17/23

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

DATE 2/17/23
R. Lindeman

February 18, 2023

Ms. Michelle Duell
Director, Mechanicville Public Library
190 North Main St
Mechanicville, NY 12118

Dear Michelle,

Please accept this letter as notice of resignation of my position as clerk at the Mechanicville Public Library due to health reasons. My last day with the library will be Tuesday, 2/28/23, at the end of my shift.

I appreciate the opportunity given to me to work here the past few years. I have very much enjoyed and valued my time at the library; this was not an easy decision.

I thank you and all my co-workers for all that I have experienced and learned during my time with the library.

Sincerely,



Jo Pisculli

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED

DATE 2/21/23

R. Lindemann

Supplementary Payroll Certification and Report of Personnel Change

Report All Personnel Changes On This Form.

From: City <input checked="" type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village Or District <input type="checkbox"/>				
Department: <u>Mechanicville District Public Library</u>				
Name And Title of Last Employee In Position :				
Name of Employee: <u>Melissa Wallace</u>		Social Security Number:		
Address:				
Title of Position: <u>Senior Library Clerk</u>		Salary: <u>\$18.00 per hr.</u>		
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input 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
Terminations	<input type="checkbox"/> Resignation			Submit Signed Resignation
	<input checked="" type="checkbox"/> Retirement		<u>3-31-23</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: <u>Phone #</u>				
Appointing Officer: <u>Michelle Dweil</u>				
Title: <u>Library Manager</u>				
Address: <u>190 N. Main St. Mechanicville NY 12118</u>				
Certificate valid until:			Date: <u>2-17-23</u>	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By:			Date:	

**MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED**

2/17/23

Melissa Wallace
103 East St
Mechanicville, NY 12118

February 17, 2023

Michelle Duell
Director
Mechanicville District Public Library
190 North Main St
Mechanicville, NY 12118

Dear Michelle:

It is with great sadness that I submit my resignation. The last 19 years at the Mechanicville District Public Library have been wonderful. However, after all these years, it is time for me to retire. I am looking forward to traveling, camping and most importantly spending time with my family. My last day at the Mechanicville District Public Library will be March 31st at the end of my shift.

I wish the library and all its employees much success in the coming years.

Sincerely,



Melissa Wallace

Senior Clerk

MECHANICVILLE CIVIL
SERVICE COMMISSION
RECEIVED
DATE 2/17/23

2022
ANNUAL REPORT TO THE NEW YORK STATE CIVIL SERVICE COMMISSION

Reporting Agency: CITY OF MECHANICVILLE

1. AGENCY STAFF

A. Commissioners or Personnel Officer

Name and Address	Title	Annual Salary	Term Expires
Lindemann, Rose Ann	SECRETARY TO THE COMMISSION	\$5,143.00	N/A

E-Mail: rose.lindemann@mechanicvilleny.gov

Paluso, Donna

COMMISSIONER

\$808.00

5/31/2024

E-Mail: mamoon49@icloud.com

Robens, Dawnmarie

COMMISSION CHAIRPERSON

\$6,482.00

5/31/2022

E-Mail: dawnmarie.robens@mechanicvilleny.gov

Thompson, James

COMMISSIONER

\$808.00

5/31/2026

B. Agency Employees

Name	Title	Annual Salary	Civil Service Hrs Worked Per Week
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C. Hours and Access

Agency Mailing Address:

4 Industrial Park Road
Mechanicville, NY 12118

Mon	Tue	Wed	Thu	Fri
	9:00am			9:00am
	11:30			11:30

Home Page: www.mechanicvilleny.gov/civil-service-commission

Work Phone: (518) 664-9884 Ext: 337

Fax: (518) 664-2245 Ext:

D. Contact Staff

Name _____ Functional Area _____ Telephone _____ E-Mail _____

2. COMMISSION MEETINGS

Number of meetings held during calendar year 2022

Regular: 12

Special: 1

3. AGENCY FINANCES

Expenditures 2022

\$23,187

Appropriations 2023

\$0

a. Personnel: \$13,482

a. Personnel: \$0

b. All other: \$9,705

b. All other: \$0

All Agencies:

Expenditure used for Merit System Administration

\$23,187

Cities Only:

Reimbursed Amt by School District

\$14,144

4. EMPLOYEES

County or Town/City Civil Service Agency	Total No of Class Positions	Total No of Comp. Positions	Competitive		Non - Competitive		Exempl	Labor	
			Perm	Temp	Section 42	Section 55-a			
BOARD	98	18	13	5	0	52	0	0	28
CITY	48	14	12	2	0	18	0	11	5
HOUSING	6	3	2	1	0	0	0	1	2
SPECIAL	9	7	5	2	0	1	0	0	1
Total	161	42	32	10	0	71	0	12	36

5. PROVISIONAL APPOINTMENTS

Name	Title	Dept/Agency	Appt Date	Exam Rq Dt
Cooper, Kenneth	Engagement Coordinator	School	9/6/2022	9/9/2022
Garfand, Martin	Superintendent of Streets and Sewers	City	12/3/2021	5/10/2022
Gidley, Brian	Director of Information Technology	School	8/3/2022	8/3/2022
Jackson, Ambria	Library Clerk	Library	11/23/2022	1/27/2023
Kuzmich, Elizabeth	Librarian 1	Library	1/19/2022	
Leonard, Sydney	Administrative Secretary	School	1/15/2021	2/7/2021
McClements, Jacqueline	Occupancy Specialist	Housing Authority	8/2/2021	9/10/2021
Petrie, David	Safety Liaison	School	9/6/2022	10/26/2022
Warren, Meghan	Chief Information Officer	School	2/8/2021	1/15/2021
Woodard, Kyle	Code Enforcement Officer	City	9/14/2022	10/26/2022

10 Provisional Appointments

6. TEMPORARY APPOINTMENTS

Name	Title	Dept/Agency	Appt Dt	Duration	List	Reason

7. POSITION CLASSIFICATION

Department/Agency	No of Positions Classified	No of Spec. Adopted	Survey Adoption Date
Mechanicville CSD	1	1	7/6/2022
School	2	2	8/3/2022

8. RULE APPENDICE

Title	Dept/Agency	No of Positions	Position Filled Date	Public Hearing Dt	Status	Resolution Submit Dt

9. EXAMINATIONS

A. Examinations not prepared and rated by NYS Dept of Civil Service

Title of Exam	Type	Exam Date	List Date	No Apps	No Exmd	No Pssd	No Appld	Prep By	Rated By	Form of Exam

B. Decentralized Exam Conducted under the NYS Dept of Civil Service

Title	Book #	Type	Test Date	CR	List Date	Ex Cd	No Exmd	No Passed	No Appointed	No on List	No of Prov
Administrative Secretary	000	OC	6/11/2022	N	12/7/2022	W	6	6	0	6	1
Chief Information Officer	007	OC	12/10/2022	N	3/1/2023	W	2	1	2	0	1
Police Officer	000	OC	9/17/2022	N	12/21/2022	W	26	25	0	25	0
Police Sergeant	000	PROM	6/11/2022	N	9/15/2022	W	1	1	0	1	0

10. ACTIVITY NAME

11. CONSULTANT

Activity

Name

Amount

12. PROJECT

Project Name

Project Type

Civil Service Institute Training Completed

Other

Secretary Lindemann and Chairperson Robens completed the Civil Service Institute online training.

13. PLANS

Major Issues

We have had issues with the School District and City of Mechanicville not sending us 426A's in a timely manner.

Projects/Goals

- 1) Continue to train our appointing authorities on the Civil Service rules to stay in compliance.
- 2) Work on updating our Police Officer Physical Agility Screening retest policy.
- 3) Be proactive in ordering examinations before current Eligible Lists expire.

Signed:

Raunnaie Ebers

Chairperson or Personnel Officer

2/14/23

Date

[Signature]

Commissioner

2/17/23

Date

Diana M. Pluso

Commissioner

2/21/23

Date

Rose Ann Erdmann

Secretary to the Commissioner

2/14/23

Date

Electronic Submission Date:

Submitted by: , ()

LIBRARIAN 1

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for basic level librarian duties. Employees in this class are expected to perform specific applications of professional duties under the general supervision of other professional Librarians. Supervision may be exercised over Library Assistants, Clerks, Pages and Volunteers. Performs related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only)

Provides reference and reader's advisory services and instruction to library users; Performs original cataloging and classification and record editing;

Performs collection development by recommending titles for purchase and/or deletion; Plans and implements library programs for adults or children;

Compiles bibliographies and functions as subject specialist;

Performs on-line database searches and search training;

Serves as a liaison for library services to community groups or other libraries;

Supervises the work of volunteer personnel in assigned tasks; keeps informed of professional developments through participation in professional organizations, system meetings, workshops, continuing education courses and reading professional materials.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of modern principles and practices of library science; good knowledge of online database systems;

Good knowledge of bibliographic tools and sources;

Good knowledge of library materials and collection issues for a specific subject area if functioning as a subject specialist;

Good knowledge of modern library organizations, procedures, policies, aims and services; skill and accuracy in the performance of technical library tasks; ability to perform as a team member in the planning and implementation of automation or other library programs;

Ability to think critically to understand the needs of library patrons and groups and to prescribe information or materials accordingly;

Ability to carry out library policies and procedures;

Ability to read and comprehend library literature and research;

Ability to express ideas clearly and effectively both orally and in writing to groups and individuals;

Ability to plan, coordinate, and supervise the work of others; tact and courtesy in dealing with staff and public.

MINIMUM QUALIFICATIONS:

Master's Degree in Library Science from a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees.

SPECIAL REQUIREMENT: Eligibility for a New York State Public Librarian's professional certificate at time of application; possession of certificate at time of appointment.