

**Mechanicville Civil Service Commission**  
**Meeting Agenda**  
**October 4, 2023**  
**6:00 p.m.**

- 1) Roll Call
- 2) Approval of minutes of September 6, 2023
- 3) Communications
- 4) **Report of Personnel Changes**

**Mechanicville School District**

- a) Anthony Hunsaker was appointed as Bus Driver (NC) effective 9/5/23
- b) Eric Muller was appointed as Safety Liaison (Provisional) effective 9/5/23
- c) Sandra Degener was appointed as Food Service Worker (L) effective 9/7/23
- d) Donna Scott was appointed as Cafeteria Monitor (L) effective 9/11/23
- e) Lauren Avery was appointed as Temp. PT Typist (NC) effective 9/11/23 – 6/26/24
- f) Olivia Hernandez was appointed as Temp. Teacher Aide effective 9/5/23-6/26/24
- g) Mary Brior resigned as Monitor effective 9/5/23
- h) Amy DeMarco resigned as Teacher Aide effective 9/4/23
- i) Amy DeMarco was appointed as Typist (Provisional) effective 9/5/23
- j) Courtney Groves resigned as Teacher Aide effective 8/29/23
- k) Anna Nelson resigned as Monitor effective 8/4/23
- l) Samantha Niles resigned as Teacher Aide effective 9/4/23
- m) Jennifer Topetro resigned as typist effective 9/5/23

**Library**

- a) Heather Clements was appointed Senior Library Clerk (C) effective 9/18/23
- b) Carrie Shpunt-Motta was appointed as Senior Library Clerk (C) effective 9/18/23

**Mechanicville Housing Authority**

- a) Jacqueline McClements was appointed Permanent Occupancy Specialist (C) effective 9/29/23

- 5.) **Old Business** - Examinations held in September
- 6.) **New Business** Examination for Transportation Supervisor to be held 12/2/23
- 7.) Appearances
- 8.) Next Meeting November 1, 2023
- 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:

Name And Title of Last Employee In Position :

Name of Employee: **Anthony Hunsaker**

Social Security Number: **xx**

Address:

Title of Position: **Bus Driver**

Salary: \$ 22.23

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 checked="" type="checkbox"/> Non-Competitive Class		9/5/23		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**

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 thereof.  
Subject to any limitation or condition specified above.*

By: *Jodi A. Birch*

Date: **9/8/23**

*R. Lindemann*  
**MECHANICVILLE CIVIL  
SERVICE COMMISSION  
RECEIVED**  
Date: **9/18/23**

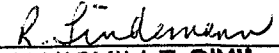
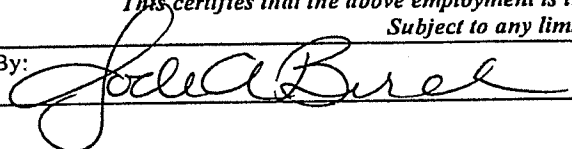
## Supplementary Payroll Certification and Report of Personnel Change

*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: <b>Eric Muller</b>		Social Security Number: _____		
Address: _____				
Title of Position: <b>Safety Liaison</b>			Salary: <b>\$25.55/hr</b>	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>		<b>Action Necessary By Appointing Officer</b>
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input checked="" type="checkbox"/> Provisional	9/5/23		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
<b>Terminations</b>	<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
<b>Other Changes</b>	<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: <b>Jodi A. Birch</b>		<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>		
Title: <b>Business Manager</b>		<b>RECEIVED</b>		
Address: <b>25 Kniskern Ave.      Mechanicville, NY 12118</b>		DATE: <u>9/5/23</u>		
Certificate valid until:		Date: <u>9/5/23</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: <i>Jodi A Birch</i>		Date: <b>9/5/23</b>		

**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: <b>Sandra Degener</b>	Social Security Num---																																	
Address:																																		
Title of Position: <b>Food Service Worker</b>	Salary: <b>\$14.63</b>																																	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>																																		
<b>Appointments</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Check Nature Of Personnel Change</th> <th style="width:20%;">Effective Date</th> <th style="width:40%;">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 checked="" type="checkbox"/> Labor Class</td> <td align="center">9/7/23</td> <td>Attach Application</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 checked="" type="checkbox"/> Labor Class	9/7/23	Attach Application			
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	9/7/23	Attach Application																																
<b>Terminations</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <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> </tbody> </table>	<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																		
<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																																
<b>Other Changes</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <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>	<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
<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: <b>Jodi A. Birch</b>	 <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>																																	
Title: <b>Business Manager</b>																																		
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>																																		
Certificate valid until:	DATE _____ Date: <b>9/8/23</b>																																	
<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: <b>9/7/23</b>																																	

## 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: <b>Donna Scott</b>		Social Security Number:	
Address:			
Title of Position: 3 Hour Cafeteria Monitor			Salary: \$14.63/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	9/11/23	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		<i>R. Lindeman</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>	
Title: Business Manager			
Address: 25 Kniskern Ave.      Mechanicville, NY 12118			
Certificate valid until:		DATE	Date: 9/18/23
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: 9/7/23	

## 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: <b>Lauren Avery</b>		Social Security Number:	
Address:			
Title of Position: Part Time Typist			Salary: \$16.36/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 checked="" type="checkbox"/> Temporary	From 9/11/23 To 6/26/24	State Length of Employment
	<input type="checkbox"/> For Term of Office	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach Nomination
	<input checked="" type="checkbox"/> Non-Competitive Class		Attach Application
	<input type="checkbox"/> Exempt Class		Submit This Form Only
	<input type="checkbox"/> Labor Class		Attach Application
Terminations	<input type="checkbox"/> Resignation		Submit Signed Resignation
	<input type="checkbox"/> Retirement		Give Effective Date
	<input type="checkbox"/> Deceased		Indicate Date
	<input type="checkbox"/> Removal		Attach Copy of Proceedings
	<input type="checkbox"/> Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	<input type="checkbox"/> Military Leave of Absence		Give Facts Under Remarks
	<input type="checkbox"/> Other Leave of Absence	From      To	Give Facts Under Remarks
	<input type="checkbox"/> Transfer		Give Facts Under Remarks
	<input type="checkbox"/> Demotion		Give Facts Under Remarks
	<input type="checkbox"/> Suspension		Give Facts Under Remarks
	<input type="checkbox"/> Reinstatement		Give Facts Under Remarks
	<input type="checkbox"/> Change in Classification		Give Facts Under Remarks
	<input type="checkbox"/> New Position		Submit Form
	<input type="checkbox"/> Change in Salary		Indicate New Salary
	<input type="checkbox"/> Change in Name		Give Facts Under Remarks
	<input type="checkbox"/> Other		Give Facts Under Remarks
Remarks:			
Appointing Officer: Jodi A. Birch		<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: Business Manager		<b>RECEIVED</b>	
Address: 25 Kniskern Ave.      Mechanicville, NY 12118		DATE <u>9/8/23</u>	
Certificate valid until:		Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>			
By: <i>Jodi A. Birch</i>		Date: <u>8/28/23</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: <b>Olivia Hernandez</b>		Social Security Number: ,		
Address:				
Title of Position: <b>Teacher Aide</b>			Salary: \$14.63/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 checked="" type="checkbox"/> Temporary		From <b>9/5/23</b> To <b>6/26/24</b>	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: <b>Jodi A. Birch</b>			<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: <b>Business Manager</b>			<b>RECEIVED</b>	
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>			DATE <u>9/8/23</u>	
Certificate valid until:			Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>			Date: <u>9/7/23</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: <b>Mary Brior</b>		Social Security Number: <b>7</b>		
Address:				
Title of Position: <b>Monitor</b>			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
Terminations	<input checked="" type="checkbox"/> Resignation		<b>9/5/23</b>	Attach Application
	<input type="checkbox"/> Retirement			Submit Signed Resignation
	<input type="checkbox"/> Deceased			Give Effective Date
	<input type="checkbox"/> Removal			Indicate Date
	<input type="checkbox"/> Layoff (lack of work or funds)			Attach Copy of Proceedings
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: <b>Jodi A. Birch</b>		<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>		
Title: <b>Business Manager</b>		<b>RECEIVED</b>		
Address: <b>25 Kniskern Ave. Mechanicville, NY 12118</b>		DATE <b>9/8/23</b>		
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: <b>9/5/23</b>		





Bornt, Beth <bbornt@mechanicville.org>

---

**Mary Brior**

1 message

---

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

Tue, Sep 5, 2023 at 10:08 AM

To: "Bornt, Beth" <bbornt@mechanicville.org>, James DeVito <jdevito@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>

Mary called the ES and left a voice message saying she will not be taking the cafe monitor position. I will be rescinding her appointment on Thursday.

--

*Cathy O'Brien*

Executive Assistant to the Superintendent

District Clerk

(518) 664-5727 ext. 1103



## 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: Amy DeMarco		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	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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		9/4/23	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		<i>R. Lindeman</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>		
Title: Business Manager				
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:		DATE: <u>9/8/23</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: <i>Jodi A. Birch</i>		Date: <u>8/31/23</u>		



Bornt, Beth <bbornt@mechanicville.org>

---

**Fwd: resignation**

1 message

---

O'Brien, Catherine <cobrien@mechanicville.org>  
To: "Bornt, Beth" <bbornt@mechanicville.org>

Thu, Sep 7, 2023 at 8:52 AM

----- Forwarded message -----

From: Demarco, Amy <ademarco@mechanicville.org>  
Date: Wed, Aug 30, 2023 at 5:20 PM  
Subject: resignation  
To: Catherine O'Brien <cobrien@mechanicville.org>  
Cc: Don Dieckmann <ddieckmann@mechanicville.org>

Cathy,  
I wish to resign my current position of teacher aide effective September 4, 2023.  
Thank you,  
Amy DeMarco

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



**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: Amy DeMarco		Social Security Number:		
Address:				
Title of Position: Typist			Salary: \$16.36/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 checked="" type="checkbox"/> Provisional		9/5/23	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		9/4/23	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		<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>		
Title: Business Manager		<b>RECEIVED</b>		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		Date: <u>9/8/23</u>		
Certificate valid until:				
<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>8/31/23</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: Courtney Groves		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	8/29/23	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		<i>R. Lindemann</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>	
Title: Business Manager		DATE <u>9/8/23</u>	
Address: 25 Kniskern Ave. Mechanicville, NY 12118		Date: <u>9/5/23</u>	
Certificate valid until:			
<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>9/5/23</u>	



Bornt, Beth <bbornt@mechanicville.org>

**Fwd: Letter of Resignation**

3 messages

O'Brien, Catherine <cobrien@mechanicville.org> Tue, Sep 5, 2023 at 10:09 AM  
To: James DeVito <jdevito@mechanicville.org>, "Bornt, Beth" <bbornt@mechanicville.org>, Jodi Birch <jbirch@mechanicville.org>

She will be on the agenda- COB on 8/29

----- Forwarded message -----  
From: O'Brien, Catherine <cobrien@mechanicville.org>  
Date: Tue, Sep 5, 2023 at 10:08 AM  
Subject: Re: Letter of Resignation  
To: Pisculli, Josephine <jpisculli@mechanicville.org>

I did not get it...I'll get her on the agenda as well.

On Tue, Sep 5, 2023 at 10:07 AM Pisculli, Josephine <jpisculli@mechanicville.org> wrote:  
In case you didn't get this one...

----- Forwarded message -----  
From: Groves, Courtney <cgroves@mechanicville.org>  
Date: Tue, Aug 29, 2023 at 12:39 PM  
Subject: Letter of Resignation  
To: Don Dieckmann <diedieckmann@mechanicville.org>, Josephine Pisculli <jpisculli@mechanicville.org>

Dear Mr. Dieckmann,

I would like to inform you that I have accepted a position with Stillwater Elementary School and I am resigning from my position as Teacher's Aide for Mechanicville Elementary School.

Although I am excited for the future and working close to my own children, I am sad to leave the wonderful students and staff of Mechanicville. Thank you for the opportunity to be part of your school.

Courtney Groves

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

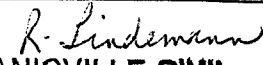
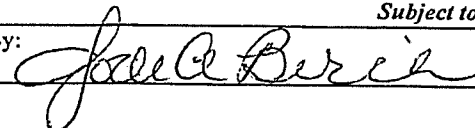


--  
*Cathy O'Brien*  
Executive Assistant to the Superintendent  
District Clerk  
(518) 664-5727 ext. 1103



## 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:    Anna Nelson		Social Security Num		
Address:				
Title of Position: Monitor			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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		8/4/23	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		 <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b> <b>RECEIVED</b>		
Title: Business Manager				
Address: 25 Kniskern Ave.      Mechanicville, NY 12118				
Certificate valid until:		DATE _____	Date: <u>8/7/23</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: <u>8/7/2023</u>		



Bornt, Beth <bbornt@mechanicville.org>

**Fwd:**

1 message

**O'Brien, Catherine** <cobrien@mechanicville.org>  
To: "Bornt, Beth" <bbornt@mechanicville.org>

Mon, Aug 7, 2023 at 11:33 AM

----- Forwarded message -----

From: **Dieckmann, Don** <ddieckmann@mechanicville.org>  
Date: Mon, Aug 7, 2023 at 11:32 AM  
Subject: Fwd:  
To: Nelson, Anna <anelson@mechanicville.org>, Catherine O'Brien <cobrien@mechanicville.org>

Hi, Here is the resignation I saw this morning.  
Cathy, looks like we need another posting for a lunch monitor please.

Thanks, DD

----- Forwarded message -----

From: **Anna Nelson** <maltamom.an@gmail.com>  
Date: Fri, Aug 4, 2023 at 4:31 PM  
Subject:  
To: <ddieckmann@mechanicville.org>

Mr. Dieckmann,  
I'm sorry to have to tell you this but I will NOT be returning as a monitor this year . I thank you for giving me the opportunity , please know that I did my best for the kids and my co workers . I will miss you guys ! Thank You

--

**Donald J. Dieckmann, Jr.**  
Principal-Mechanicville Elementary School  
25 Kniskern Ave.  
Mechanicville, NY 12118  
(518) 664-7336  
ddieckmann@mechanicville.org

--

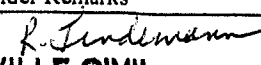
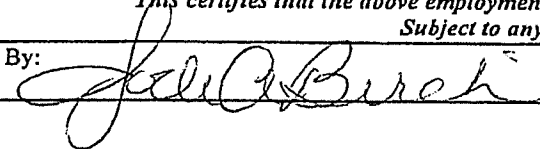
**Cathy O'Brien**  
Executive Assistant to the Superintendent  
District Clerk  
(518) 664-5727 ext. 1103





**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: Samantha Niles		Social Security Number: xxx		
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	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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		9/4/23	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		 <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>		
Title: Business Manager		<b>RECEIVED</b>		
Address: 25 Kniskern Ave. Mechanicville, NY 12118		DATE: 9/13/23		
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: 9/12/23	



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

Teaching Assistant position at HS

---

Hazelton, Brianne <bhazelton@mechanicville.org>  
To: "Niles, Samantha" <sniles@mechanicville.org>  
Cc: "O'Brien, Catherine" <cobrien@mechanicville.org>

Wed, Aug 16, 2023 at 11:03 AM

Thank you, Samanthal I will forward to Cathy O'Brien.

Brianne Hazelton  
Director of Student Support Services  
Mechanicville City School District  
518-664-5727 x 2027

On Wed, Aug 16, 2023 at 10:57 AM Niles, Samantha <sniles@mechanicville.org> wrote:  
To whom it may concern,

I, Samantha Niles, formally resign from my current position as a term Teacher Aide, effective COB September 4, 2023.

Best,  
-Samantha Niles

If there is anything else needed please let me know.  
Thank you!

On Mon, Aug 14, 2023 at 12:37 PM Hazelton, Brianne <bhazelton@mechanicville.org> wrote:  
FYI.  
Can you see below from Cathy O'Brien?

Thanks,  
Brianne

----- Forwarded message -----  
From: **O'Brien, Catherine** <cobrien@mechanicville.org>  
Date: Mon, Aug 14, 2023 at 11:52 AM  
Subject: Re: Teaching Assistant position at HS  
To: Hazelton, Brianne <bhazelton@mechanicville.org>

**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: <b>Jennifer Topetro</b>			Social Security Number: <b>3</b>	
Address:				
Title of Position: <b>Typist</b>			Salary:	
Non-Veteran <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
<b>Appointments</b>	<b>Check Nature Of Personnel Change</b>		<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<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
<b>Terminations</b>	<input checked="" type="checkbox"/> Resignation		9/5/23	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
<b>Other Changes</b>	<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	
<b>Remarks:</b>				
Appointing Officer: <b>Jodi A. Birch</b>			<i>R. Lindeman</i> <b>MECHANICVILLE CIVIL SERVICE COMMISSION</b>	
Title: <b>Business Manager</b>			<b>RECEIVED</b>	
Address: <b>25 Kniskern Ave.      Mechanicville, NY 12118</b>			DATE <u>9/8/23</u>	
Certificate valid until:			Date: _____	
<i>This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.</i>				
By: <i>Jodi A. Birch</i>			Date: <b>8/28/23</b>	

Jennifer Topetro  
25 Greenwood Avenue  
Mechanicville, NY 12118

August 22, 2023

Donald Dieckmann  
Mechanicville Elementary Principal  
25 Kniskern Avenue  
Mechanicville, NY 12118


Dear Don Dieckmann,

Please accept this letter as formal notice of my resignation from my position as Typist at Mechanicville Elementary School. My last day of employment will be Tuesday September 5th.

I have enjoyed working at MES and appreciate the opportunities you have given me to move into different roles over the past 5 years. However I have decided to move on to my next challenge in my career.

Please let me know if I can be of any assistance during this transition.

Yours sincerely,



Jennifer Topetro

**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: Heather Clements Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title of Position: Senior Library Clerk Salary: \$18.00 per hr

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

Appointments	Check Nature Of Personnel Change	Effective Date	Action Necessary By Appointing Officer
	<input checked="" type="checkbox"/> Permanent	<u>9-18-23</u>	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: \_\_\_\_\_

**MECHANICVILLE CIVIL  
SERVICE COMMISSION**

Appointing Officer: Michelle Duell

**RECEIVED**

Title: Director

DATE 9/20/23

Address: 190 N. Main St. Mechanicville NY 12118

R. Lindemann

Certificate valid until: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: Michelle K Duell Date: 9-18-23

**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>Carrie S. Shpunt-Motta</u>	Social Security Number:		
Address: <u>18</u>			
Title of Position: <u>Senior Library Clerk</u>	Salary: <u>\$18.00 per hr.</u>		
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>			
Appointments	<b>Check Nature Of Personnel Change</b>	<b>Effective Date</b>	<b>Action Necessary By Appointing Officer</b>
	<input checked="" type="checkbox"/> Permanent	<u>9-18-23</u>	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 checked="" 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>5</u>		<b>MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED</b> DATE <u>9/20/23</u> Date: <u>R. Lindeman</u>	
Appointing Officer: <u>Michelle Duell</u>			
Title: <u>Director</u>			
Address: <u>190 N. Main St. Mechanicville NY 12118</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>Michelle L Duell</u>		Date: <u>9-18-23</u>	

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

*Report All Personnel Changes On This Form.*

From: City  County  Town  Village Or District

Department: Mechanicville Housing Authority

Name And Title of Last Employee In Position: Nancy McCormack - Admissions + Continued Occupancy Specialist

Name of Employee: Jacqueline Maclements Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title of Position: Admissions + Continued Occupancy Specialist 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		9/29/2023	
<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: \_\_\_\_\_

**MECHANICVILLE CIVIL  
SERVICE COMMISSION**

Appointing Officer: John Enzian

Title: Executive Director

**RECEIVED**

Address: 2 Hous Ave, Sutel, Mechanicville, N.Y. 12118 DATE 9/29/23

Certificate valid until: \_\_\_\_\_ Date: R. Sideman

*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: [Signature] Date: 9/29/2023