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

From: City	County	Town		Village Or District 🔽		
Department:						
Name And Title of La	st 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 V	eteran	Exem	pt Volunteer Firefighter		
Appointments	Check Nature Of		tive Date	Action Necessary By		
• •	Personnel Change	Enec	nive Date			
				Appointing Officer		
	Permanent			Return Report of Certification		
	Provisional			Attach Application		
	Temporary	From	То	State Length of Employment		
	For Term of Office	From	То	Give Facts Under Remarks		
	Permanent Promotion			Return Report of Certification		
	Provisional Promotion			Attach Nomination		
	X Non-Competitive Class	95/23		Attach Application		
	□ Exempt Class			Submit This Form Only		
	Labor Class			Attach Application		
Terminations	☐ Resignation			Submit Signed Resignation		
	Retirement			Give Effective Date		
	☐ Deceased			Indicate Date		
	Removal			Attach Copy of Proceedings		
	Layoff (lack of work or funds)			Give Facts Under Remarks		
Other Changes	Military Leave of Absence			Give Facts Under Remarks		
Ĭ	Other Leave of Absence	From	То	Give Facts Under Remarks		
	Transfer			Give Facts Under Remarks		
	Demotion			Give Facts Under Remarks		
	Suspension			Give Facts Under Remarks		
	Reinstatement			Give Facts Under Remarks		
	Change in Classification			Give Facts Under Remarks		
	New Position			Submit Form		
ŀ	Change in Salary			Indicate New Salary		
ŀ	Change in Name			Give Facts Under Remarks		
	Other			Give Facts Under Remarks		
Remarks:				Give Facis Order Remains		
Appointing Officer: J				R. Judeman		
Title: Business Man	ager			MECHANICVILLE CIVIL		
Address: 25 Knisker	n Ave. Mechanicville, NY	′ 12118		DEPENIED		
Certificate valid until:			<u></u>	THE WALLY CH		
This certif	ies that the above employment is in a Subject to any limita					
By: Dept.	Be by 1)	or condit	ion specyred a	Date: Q/S/1) 2		
1/0/25						

From: City	County [Town	Village Or District 🛛			
Department:						
Name And Title of La	st Employee In Position:		·			
Name of Employee:	ric Muller		Social Security Numbe			
Address:		• • -				
Title of Position: Safe	tv Liaison		Salary: \$25.55/hr			
Non-Veteran 🗸	Veteran Disabled V	Veteran D Even	npt Volunteer Firefighter			
Appointments	Check Nature Of	Effective Date				
	i e	Effective Date	Action Necessary By			
	Personnel Change		Appointing Officer			
	Permanent		Return Report of Certification			
	x Provisional	9/5/23	Attach Application			
	Temporary	From To	State Length of Employment			
	For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion		Attach Nomination			
	☐ Non-Competitive Class		Attach Application			
	Exempt Class		Submit This Form Only			
	Labor Class	·	Attach Application			
Terminations	Resignation		Submit Signed Resignation			
	Retirement		Give Effective Date			
	Deceased		Indicate Date			
	Removal		Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
	Other Leave of Absence	From To	Give Facts Under Remarks			
	Transfer		Give Facts Under Remarks			
	Demotion		Give Facts Under Remarks			
	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks			
	New Position		Submit Form			
	Change in Salary		Indicate New Salary			
	Change in Name		Give Facts Under Remarks			
	Other		Give Facts Under Remarks			
Remarks:			K-Lindemann			
Appointing Officer: J		S	ERVICE COMMISSION			
Title: Business Mana	ager		DE CONTENTED			
Address: 25 Knisker	Address: 25 Kniskern Ave. Mechanicville, NV 12118					
Certificate valid until:						
This certif	ies that the above employment is in a					
Ву:	Subject to any limita	tion or condition specified (Date: 0/5/22			
CITUL	エメノノケじん		1 4/0/23			

From: City [i: City County Town Town		Village Or District 🔽			
Department:						
Name And Title of Las	st Employee In Position:					
Name of Employee:	andra Degener		Social Security Numb			
Address						
Title of Position: Food	d Service Worker		Salary: \$14.63			
Non-Veteran 🗸	Veteran ☐ Disabled V	eteran D Exer	npt Volunteer Firefighter			
Appointments	Check Nature Of	Effective Date	Action Necessary By			
Appointments	Personnel Change	Bilective Bate	Appointing Officer			
	Permanent		Return Report of Certification			
	Provisional -	From To	Attach Application			
	Temporary		State Length of Employment			
	For Term of Office	From To	Give Facts Under Remarks Return Report of Certification			
*	Permanent Promotion		Attach Nomination			
	Provisional Promotion		Attach Application			
	Non-Competitive Class		Submit This Form Only			
	Exempt Class Labor Class	012122	Attach Application			
		9/7/23	Submit Signed Resignation			
Terminations	Resignation		Give Effective Date			
	Retirement Deceased		Indicate Date			
	Removal		Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other Charges	Military Leave of Absence		Give Facts Under Remarks			
Other Changes	Other Leave of Absence	From To	Give Facts Under Remarks			
	Transfer	1.0	Give Facts Under Remarks			
	Demotion		Give Facts Under Remarks			
	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks			
	New Position		Submit Form			
	Change in Salary		Indicate New Salary			
	Change in Name		Give Facts Under Remarks			
	Other		Give Facts Under Remarks			
Remarks:			R. Lindemenn			
Appointing Officer:	Jodi A. Birch		MECHANICVILLE CIVIL			
Title: Business Mar	Title: Business Manager					
Address: 25 Kniskern Ave. Mechanicville, NY 12118						
Certificate valid unti	1:		ATE Date: 9/8/23			
This certi	fies that the above employment is in Subject to any limit	accordance with Law and ation or condition specified	a above.			
By: Date: 9/7/23						

Department: Name And Title of Last Employee In Position :			3	
Name of Employee: Donna Scott Address* Donna Scott Address* Title of Position: 3 Hour Cafeteria Monitor Non-Veteran		County 🗌	Town	Village Or District ☑
Name of Employee: Donna Scott	Department:			
Name of Employee: Donna Scott	Name And Title of I	Proping to T. Double		T
Title of Position: 3 Hour Cafeteria Monitor Title of Position: 3 Hour Cafeteria Monitor Salary: \$14.63/hr	Name Who This of I	ast Employee in Position:		
Address* Title of Position: 3 Hour Cafeteria Monitor Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter Appointments Check Nature Of Personnel Change Appointments Check Nature Of Personnel Change Appointment Attach Application Personnel Change	Name of Employee:	D		Social Security Number:
Title of Position: 3 Hour Cafeteria Monitor Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter		Donna Scott		Sooid Society states.
Title of Position: 3 Hour Cafeteria Monitor Non-Veteran				
Non-Veteran Disabled Veteran Exempt Volunteer Firefighter	Title of Position: 3 H	lour Cafeteria Monitor		Salami #44 G2/ba
Appointments Check Nature Of Personnel Change			Veteran T Eve	
Personnel Change Permanent				
Permanent Return Report of Certification Provisional Temporary From To State Length of Employment From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Return Report of Certification Provisional Promotion Return Report of Certification Provisional Promotion Attach Application Attach Application Attach Application Resignation Resignation Resignation Resignation Resignation Resignation Resignation Resignation Resignation Give Effective Date Deceased Indicate Date Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Demotion Give Facts Under Remarks Give Facts Under Remarks Reinstatement Give Facts Under Remarks G			Effective Date	
Provisional				Appointing Officer
Provisional Temporary From To State Length of Employment For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination Attach Application Non-Competitive Class Attach Application Exempt Class Submit This Form Only Attach Application Exempt Class Submit This Form Only Attach Application Submit Signed Resignation Give Effective Date Deceased Indicate Date Indicat				Return Report of Certification
Temporary				
Permanent Promotion				
Permanent Promotion			From To	
Provisional Promotion				
Non-Competitive Class Submit This Form Only				
Exempt Class QIII 23 Attach Application Resignation Resignation Submit This Form Only Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Submit Form Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Change in Salary Give Facts Under Remarks Change in Salary Give Facts Under Remarks Change in Classification Give Facts Under Remarks Change in Classification G		☐ Non-Competitive Class		
Terminations Resignation			, .	
Resignation			9/11/23	
Retirement Deceased Removal Attach Copy of Proceedings Give Facts Under Remarks Give Facts Under Remarks Other Changes Military Leave of Absence Other Leave of Absence From To Give Facts Under Remarks Reinstatement Give Facts Under Remarks First Give Facts Under Remarks	Terminations	Resignation		
Deceased				
Removal		Deceased		
Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence From To Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Other Facts Under Remarks Give Facts Under Remarks Give Facts Under Remarks Give Facts Under Remarks Other Give Facts Under Remarks Other Give Facts Under Remarks Gi		Removal		
Other Changes Military Leave of Absence		Layoff (lack of work or funds)		
Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks	Other Changes			
Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Give Facts Under	-		From To	
Demotion Give Facts Under Remarks Reinstatement Change in Classification Change in Salary Change in Salary Change in Name Change in Nam				
Suspension Reinstatement Change in Classification Change in Salary Change in Salary Change in Name Change in Name Change in Name Change in Name Give Facts Under Remarks Give Facts Under Remarks Indicate New Salary Indicate New Salary Change in Name Give Facts Under Remarks Give Facts Under Remarks Remarks: Remarks: Appointing Officer: Jodi A. Birch Fitle: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.				
Reinstatement Change in Classification New Position Change in Salary Change in Salary Change in Name Cive Facts Under Remarks Give Facts Under Remarks Remarks: Appointing Officer: Jodi A. Birch Citle: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.				
Change in Classification New Position Change in Salary Change in Salary Change in Name Other Give Facts Under Remarks Appointing Officer: Jodi A. Birch Title: Business Manager Address: Address: This certificate valid until: This certificate that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.				
New Position				
Change in Salary Change in Name Change in Na				
Change in Name Other Change in Name Other Give Facts Under Remarks Give Facts Under Remarks Appointing Officer: Jodi A. Birch Citle: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.				
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 to Law. Subject to any limitation or condition specified above.				
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 to Law. Subject to any limitation or condition specified above.				
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 to Law. Subject to any limitation or condition specified above.	n	Ciner		Give Facts Under Remarks
Title: Business Manager 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.				R. Lindemen
Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.	Appointing Officer:	Jodí A. Birch		
Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.	Title: Business Mar	nager		KING BEEN ALES THERE E.
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.	Address: 25 Kniske	rn Ave. Mechanicville, NY	 12118	HECEIVED
Subject to any limitation or condition specified above.	Certificate valid until	:		DATE 1 Date: 4 5 23
Subject to any limitation or condition specified above.	This certi	fies that the above employment is in a	cordance with Law and Ri	ules made in nursuance to Law
3v: // ^ >/)	/)	Subject to any limitat	tion or condition specified a	thove
	Ekclia	Burce		

From: City	County	Town 🗌	Village Or District ✓			
Department:						
Name And Title of La	st Employee In Position:					
Name of Employee:	Lauren Avery	***************************************	Social Security Number			
Address:	-					
Title of Position: Part	Time Typist		Salary: \$16.36/hr.			
Non-Veteran 🗸	Veteran Disabled \	eteran ☐ Exer	npt Volunteer Firefighter			
Appointments	Check Nature Of	Effective Date	Action Necessary By			
	Personnel Change	Birective Bate				
			Appointing Officer			
	Permanent Provisional		Return Report of Certification			
			Attach Application			
	X Temporary	From 9/11/23 To 6/26/24	State Length of Employment			
	For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion		Attach Nomination			
	Non-Competitive Class		Attach Application			
	☐ Exempt Class ☐ Labor Class		Submit This Form Only			
Terminations	Resignation		Attach Application			
terminations	Retirement		Submit Signed Resignation			
	Deceased		Give Effective Date			
	Removal		Indicate Date			
			Attach Copy of Proceedings			
Other Change	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
-	Other Leave of Absence	From To	Give Facts Under Remarks			
-	Demotion		Give Facts Under Remarks			
			Give Facts Under Remarks			
-	Suspension Reinstatement		Give Facts Under Remarks			
-			Give Facts Under Remarks			
-	☐ Change in Classification ☐ New Position		Give Facts Under Remarks			
-			Submit Form			
 -	Change in Salary		Indicate New Salary			
}	Change in Name Other		Give Facts Under Remarks			
Remarks:			Give Facts Under Remarks L. Lindemann			
			K. Findeman			
Appointing Officer: Jo	odi A. Birch		MECHANICVILLE CIVIL SERVICE COMMISSION			
^{Title:} Business Mana			DECEIVED			
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	9823			
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:	A LO	or common specification	Date: 8/28/23			
CALLE COL	- NUCCE		1 0000			

		-	
From: City	☐ County ☐	Town 🔲	Village Or District
Department:			
Name And Title of La	ast Employee In Position:		
Name of Employee:	Olivia Hernandez		Social Security Number:
Address:			
Title of Position:	Teacher Aide		Salary: \$14,63/hr
Non-Veteran	Veteran Disabled	Jeteran 🗍 Even	npt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
	Personnel Change	Effective Date	Action Necessary By
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	x Temporary	From 9/5/23 To 6/26/24	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
0.1 01	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
l	Other		Give Facts Under Remarks
Remarks:			MECHANICALLE COM
Appointing Officer: J	odi A. Birch	É	SERVICE COMMISSION
^{Title:} Business Man			DECEIVED
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	0/9/2
Certificate valid until:		DATE	Date:
This certif	ies that the above employment is in a Subject to any limita	ccordance with Law and Rition or condition specified a	
Ву:	$\mathcal{P}_{\mathcal{A}}$	· · · · · · · · · · · · · · · · · · ·	Data: /
Crove	W)\r Q \\		1 Date 9/7/23

		-		
From: City	☐ County ☐	Town 🔲	Village Or District	
Department:	,			
Name And Title of La	ast Employee In Position:			
	ist Employee in Position:			
Name of Employee:	Mary Brior		Social Security Number	7
Address:	- AUL ULIGGE MICHIGING		· ·	
Title of Position:				
Non-Veteran 🗸	Monitor Veteran ☐ Disabled \	7.	Salary:	
Appointments			empt Volunteer Firefighter 🗌	
Appointments	Check Nature Of	Effective Date	1	
	Personnel Change		Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	-
	☐ Temporary	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	☐ Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
	Labor Class		Attach Application	
Terminations	X Resignation	9/5/23	Submit Signed Resignation	
	Retirement		Give Effective Date	$\neg \neg$
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	\neg
0.1 01	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	Demotion :		Give Facts Under Remarks	
	Suspension		Give Facts Under Remarks	$\neg \neg$
	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
	New Position		Submit Form	
ļ.	Change in Salary		Indicate New Salary	
-	Change in Name		Give Facts Under Remarks	
 Remarks:	Other		Give Facts Under Remarks	
Remarks:			R. Lindemann	
Appointing Officer: J	odi A. Birch		SERVICE COMMISSION	
^{Title:} Business Mana		·	EREN BEET ON BEET EN BEET	
Address:	1901		CEIVED	
^{Address:} 25 Knisker	n Ave. Mechanicville, NY	12118	9 4 2 3	1
Certificate valid until:			Date:	
This certifi ∧	ies that the above employment is in a Subject to any limitat	eccordance with Luw and lition or condition specified	Rules made in pursuance to Law.	\exists
3y: //_//	12	The state of the s	Date: _ / ;	\dashv
_C XTUL	CRURUL		15.09/5/23	



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



			3 1 01 m.
	City County C	Town [Village Or District ☑
Department:			
Name And Title o	f Last Employee In Position:		
31 05 :			
Name of Employe	e: Amy DeMarco		Social Security Number:
Address:			
Title of Position: 7	eacher Aide		
Non-Veteran 🗸	Veteran Disabled	V ГЭ	Salary:
Appointments	Check Nature Of	~	empt Volunteer Firefighter
T. F.		Effective Date	Action Necessary By
	Personnel Change	1	Appointing Officer
	☐ Permanent		Return Report of Certification
	Provisional		Attach Application
	☐ Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		
Terminations	X Resignation	9/4/23	Attach Application
	Retirement	3/4/23	Submit Signed Resignation Give Effective Date
	Deceased		
	Removal		Indicate Date
	Layoff (lack of work or funds)		Attach Copy of Proceedings
Other Changes	Military Leave of Absence		Give Facts Under Remarks
6 -	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer	From To	Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
			Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	Change in Salary		Indicate New Salary
	Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:			R. Linderna
ppointing Officer	Jodi A. Birch		MECHANICVILLE CIVIL
^{itle:} Business Ma	nager		SERVICE COMMISSION
ddress: 25 Knisk	ern Ave. Mechanicville, NY	12110	MECEIVED
ertificate valid un	il:	14110	DATE 9823
	tifies that the above employment is in a	accordance with I am and	Duro
	Subject to any limita	tion or condition specified	above.
y: Hole	aperch		Date: 8/21/2 2



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



From: City County Town Village Or District							
Department:							
Name And Title of La	st Employee In Position :						
Name of Employee:	Name of Employee: Army DeMarco Social Security Number:						
Address:							
Title of Position:	Typist	4110					
			Salary: \$16.36/hr				
Non-Veteran 🗸	Veteran Disabled \	· · · · · · · · · · · · · · · · · · ·	npt Volunteer Firefighter 🗌				
Appointments	Check Nature Of	Effective Date	Action Necessary By				
i	Personnel Change		Appointing Officer				
	Permanent		Return Report of Certification				
	Provisional	9/5/23	Attach Application				
	☐ Temporary	From To	State Length of Employment				
	For Term of Office	From To	Give Facts Under Remarks				
	Permanent Promotion		Return Report of Certification				
	☐ Provisional Promotion		Attach Nomination				
	☐ Non-Competitive Class		Attach Application				
	Exempt Class		Submit This Form Only				
	Labor Class		Attach Application				
Terminations	Resignation	9/4/23	Submit Signed Resignation				
	Retirement		Give Effective Date				
	Deceased		Indicate Date				
	Removal		Attach Copy of Proceedings				
	Layoff (lack of work or funds)		Give Facts Under Remarks				
Other Changes	Military Leave of Absence		Give Facts Under Remarks				
1	Other Leave of Absence	From To	Give Facts Under Remarks				
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ļ	Reinstatement		Give Facts Under Remarks				
1	Change in Classification		Give Facts Under Remarks				
<u> </u>	New Position		Submit Form				
1	Change in Salary		Indicate New Salary				
<u> </u>	Change in Name		Give Facts Under Remarks				
	Other		Give Facts Under Remarks				
Remarks:			R. Lindemann				
Appointing Officer: Jo			機能の ANIOVILLE CIVIL SERVICE COMMISSION				
^{Title:} Business Mana	ager						
^{Address:} 25 Kniskeri		' 12118	ALUEIVED				
Certificate valid until:			112/2-3				
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	Subject to any limita	tion or condition specified a	bove.				
By: Joo a	Biron		Date: 8/3//2 3				

	Village Of District M					
Department:						
Name And Title of La	ast Employee In Position:					
)						
Name of Employee:	Courtney Groves		Social Security Number:			
Address:		*157.46				
Title of Position:	Teacher Aide		Salary:			
Non-Veteran 🗸	Veteran Disabled \	/eteran ☐ Exer	mpt Volunteer Firefighter			
Appointments	Check Nature Of	Effective Date				
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	Provisional		Attach Application			
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	For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion		Attach Nomination			
	☐ Non-Competitive Class		Attach Application			
	Exempt Class		Submit This Form Only			
	Labor Class		Attach Application			
Terminations	X Resignation	8/29/23	Submit Signed Resignation			
	Retirement		Give Effective Date			
	Deceased		Indicate Date			
	Removal		Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
	Other Leave of Absence	From To	Give Facts Under Remarks			
	Transfer		Give Facts Under Remarks			
	Demotion		Give Facts Under Remarks			
	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks			
	New Position		Submit Form			
	☐ Change in Salary		Indicate New Salary			
	☐ Change in Name		Give Facts Under Remarks			
	Other		Give Facts Under Remarks			
Remarks:			Oive Facts Olider Remarks			
Remarks.			R. Lindemenn			
Appointing Officer: J	odi A. Birch	5	MECHANICVILLE CIVIL BERVICE COMMISSION			
Title: Business Man	ager		THE SER OF THE PARTY OF THE PAR			
			TEGEIVED			
Address: 25 Knisker	n Ave. Mechanicville, NY	12118	alelas			
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C XX De.	1 Derch		Date: 9/5/23			



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 <ipisculli@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 dieckmann@mechanicville.org, Josephine Pisculli jpisculli@mechanicville.org, Josephine Pisculli jpisculli jpisculli

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



	County	Town	Village Or District
Department:			
Name And Title of L	ast Employee In Position:		
Name of Employee:	Anna Nelson		Social Security Numb
Address:		_	
Title of Position: Mor	nitor		Salary:
Non-Veteran 🔽	Veteran Disabled	Veteran T Eye	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	
	Personnel Change	Effective Date	Action Necessary By
			Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	X Resignation	8/4/23	Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	☐ Change in Classification		Give Facts Under Remarks
	☐ New Position		Submit Form
	Change in Salary		Indicate New Salary
	☐ Change in Name		Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:	-		R. Lindemann
Appointing Officer: J			MECHANICVILLE CIVIL SERVICE COMMISSION
^{Title:} Business Man	ager		the tree of her sales and the
^{Address:} 25 Knisker		12118	MEULIVED
Certificate valid until	•	DAT	E Date: 1823
This certif	ties that the above employment is in a Subject to any limita	accordance with Law and R tion or condition specified	Rules made in pursuance to Law.
By: John G	Res Ch	or common specified i	Dates 17/2023
- Just			1 01/10UX 1



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 in the limit is a solution of the limit is a solution of the limit is a solution.

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



<u> </u>			<u> </u>		8-4 4 11 2 1 11 1		
From:	City		County Town Village Or District				District 🛛
Department:							
Name And Title	of La	st Emplo	yee In Position:				
Name of Employ	yee:	Samar	ntha Niles			Social Sec	surity Number: XXX
Address:			FA 01				
Title of Position:		Teac	her Aide				Salary:
Non-Veteran 🗸			eteran Disabled	Veteran	Exe	mpt Volunter	er Firefighter 🔲
Appointments			Check Nature Of		ective Date		
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	- }						Appointing Officer
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Remarks:							L. Tindenian
						MECHA	
Appointing Office	r:Jo	di A. B	irch			SERVIC	
^{ritle:} Business M						PEC	EIVED
Address: 25 Knis	kern	Ave.	Mechanicville, NY	12118	DAT	g	9/13/23
Certificate valid u	ntil:		1000		5/41	**	Date:
This co	ertifie	s that th	e above employment is in a Subject to any limita				pursuance to Law.
By:		7/2) , s	.on or comm	ion specifica a	oure.	Date; /
CAROL	11.	1/	urch				1 4/12/2 1

Wed, Aug 16, 2023 at 11:03 AM

Or t the sectional seminant . B.



Teaching Assistant position at HS

Hazelton, Brianne

Samantha" <sniles@mechanicville.org> Cc: "O'Brien, Catherine" <cobrien@mechanicville.org>

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

Director of Student Support Services Mechanicville City School District Brianne Hazelton 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.

-Samantha Niles

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

On Mon, Aug 14, 2023 at 12:37 PM Hazelton, Brianne

Shazelton@mechanicville.org> wrote:

Can you see below from Cathy O'Brien?

Brianne Thanks,

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

		-		
From: City	County	Town 🗌	Village Or District ☑	
Department:				·
Name And Title of La	st Employee In Position:			
Name of Employee: J	ennifer Topetro		Social Security Number	3
Addres				
Title of Position: Typis		,		
			Salary:	
Non-Veteran 🛛	Veteran Disabled V	Veteran Exe	mpt Volunteer Firefighter	
Appointments	Check Nature Of	Effective Date	Action Necessary By	
	Personnel Change	}	Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion	110111	Return Report of Certification	
	☐ Provisional Promotion		Attach Nomination	
	☐ Non-Competitive Class		Attach Application	
	Exempt Class		Submit This Form Only	
	Labor Class		Attach Application	
Terminations	x Resignation	9/5/23	Submit Signed Resignation	
	Retirement	0,0/20	Give Effective Date	
İ	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
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	Transfer	110	Give Facts Under Remarks	
į	Demotion		Give Facts Under Remarks	
ľ	Suspension		Give Facts Under Remarks	
f	Reinstatement		Give Facts Under Remarks	
Ī	Change in Classification		Give Facts Under Remarks	
ľ	New Position		Submit Form	
	☐ Change in Salary		Indicate New Salary	
ľ	Change in Name		Give Facts Under Remarks	
ľ	Other		Give Facts Under Remarks	
Remarks:		WARREST TO STATE OF THE STATE O	7	
			K. Tindeman	
Annaintine Officer			MECHANICVILLE CIVIL	
Appointing Officer: Jo			SERVICE COMMISSION	
^{ritle:} Business Mana	ager		Control Control Control Control	
Address:	-5			
Address: 25 Kniskeri	n Ave. Mechanicville, NY	12118	910 122	
Certificate valid until:			ATE Date:	-
This certifi	es that the above employment is in a	accordance with Law and R	tules made in pursuance to Law.	_
// _	Subject to any limita	tion or condition specified a		
Jolell	Duel		Date: 8/28/23	

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

From: C	ity 💆 County 🗌	Town 🗌	Village Or District			
Department: Mechanicalle District Public Library						
1414	CHANCHUR DISTRICT P	while Library				
Name And Title of Last Employee In Position:						
Name of Employe	e: , i		Social Security Number:			
21,000000000000000000000000000000000000	Heather Clements		bootal becauty Hambel.			
Address: 0 , ~	^		***************************************			
u -	~ 1 /1 VV 11 V W	/18.1 S 1 V 1 V 2				
Title of Position:	Senior Library Ger	K	Salary & 8.00 per hr			
Non-Veteran	Veteran 🗌 🔻 Bisabled V	eteran Exemp	pt Volunteer Firefighter 🔲			
Appointments	Check Nature Of	Effective Date	Action Necessary By			
	Personnel Change		Appointing Officer			
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	Permanent .	9-18-23	Return Report of Certification			
	Provisional		Attach Application			
	Temporary	From To	State Length of Employment			
	For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion		Attach Nomination			
	Non-Competitive Class		Attach Application			
	Exempt Class		Submit This Form Only			
	Labor Class		Attach Application			
Terminations	Resignation		Submit Signed Resignation			
i ci mmations	Retirement		Give Effective Date			
	Deceased		Indicate Date			
	Removal					
			Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other Changes	Military Leave of Absence		Give Facts Under Remarks			
	Other Leave of Absence	From To	Give Facts Under Remarks			
	Transfer		Give Facts Under Remarks			
	Demotion		Give Facts Under Remarks			
	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
	Change in Classification		Give Facts Under Remarks			
	☐ New Position		Submit Form			
	Change in Salary		Indicate New Salary			
	☐ Change in Name		Give Facts Under Remarks			
	Other		Give Facts Under Remarks			
Remarks:		<u> </u>	A45011			
,			MECHANICVILLE CIVIL SERVICE COMMISSION			
Appointing Office	r: Madaila Duail		First Paris Co.			
Title:	": Michelle Duell		MECEIVED			
Direct	70(DATE 9/20/23			
Address:	4 Main St. Mechani	outle My 12418				
1901		WILL ING ISH				
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: 6/4 lele & N 11000						
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 ${\it Report\,All\,Personnel\,Changes\,On\,This\,Form}.$

From: City		Town 🗌	Village Or District 🗌		
Department: Mechagicille District Public Library					
Name And Title of Last Employee In Position:					
Name of Employee:	Carrie S. Shount	-Matta	Social Security Number		
Address: 2, 0 1 1 1 18					
Title of Position: S	enior Library Cle	J J	Salary: 1 18.00 per hr.		
Non-Veteran	Veteran Disabled V	eteran Exem	pt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change	I Dillocative Date	Appointing Officer		
	Permanent	9-18-22	1 ~~ ~		
	Provisional	1-18-23	Return Report of Certification		
		From To	Attach Application		
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		From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	Non-Competitive Class		Attach Application		
	Exempt Class		Submit This Form Only		
	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
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	Reinstatement		Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
			Indicate New Salary		
	Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
Remarks: 5 1 1 1 MECHANICVILLE CIVIL					
Appointing Officer: Michaelle Dugli					
Title: Director					
DATE GOODS					
191) O. Main St. M. College Co					
Certificate valid until: Date: K. Jundernan					
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:// Date:					
Chlipliell	& Duell		9-18-53		

- Je	Report Au Pe	ersonnel Changes On Thi	s Form.	
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Department:	Verhanicille Housi	m. Authoriti		
Name And Title	of Last Employee In Position:	dans	Imved Occupany Specialist	
Nome of Part	J PILLOYWIACK ".F	compession + Con	Inved Occupany Opecialist	
Name of Emplo	Jacqueline MEC'	lements.	Social Security Number:	
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•	Provisional Promotion		Return Report of Certification	
	Non-Competitive Class	 	Attach Nomination	
	Exempt Class	1:-	Attach Application	
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Terminations	Resignation		Attach Application	
	Retirement	 	Submit Signed Resignation	
	Deceased		Give Effective Date	
	Remoyal	ļ <u>'</u>	Indicate Dato	
	Layoff (lack of work or funds)		Attach Copy of Proceedings	
Other	Military Leave of Absence		Give Facts Under Remarks	
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	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
·	Change in Classification		Givo Facts Under Remarks	
}	'☐ New Position		Give Facts Under Remarks	
f	Change in Salary		Submit Form	
ł	Change in Name		Indicate New Salary	
ŀ	Other		Give Facts Under Remarks	
Remarks:	E, Ollor		Give Facts Under Remarks	
			MECHANICVILLE CIVIL SERVICE COMMISSION	
Appointing Offic	John Enzier			
	cutine Director		ALC 172	
Address: 2 H	Mr. Dre. Svitel.	Mechanicivile	Ny 13/18 1129/23	
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: Date: / /				
9/29/2023				
. //				