OPRA 24-1291 WAYNE 001

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/01/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Montana Kaelee Abel	PT Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.13

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
05/06/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 002

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Natalie Alagha	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: June 21, 2022

Originated By: Tim Koetman

OPRA 24-1291 WAYNE 003

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J – K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

W/C Code:

Date of Birth: [redacted]

Social Security:

1. Employee Name
ANAEMEJE, Adrian

2. Position Title
Lifeguard

3. Employee Address [redacted] Town State Zip

4. Account No.
595-011

5. Department
PARKS & RECREATION

Division
RECREATION

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: June 21, 2022-September 18, 2022

7. APPOINTMENT X
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- X Temporary
- X Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $14.00/HR

8. SEPARATION ☐
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE ☐
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase

  Annual_____ Longevity _____

  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

New Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

Continuous Fulltime Employment:
Anniversary:
New Employees Minimum Probation:
Probation Period ends:
Part-Time Employment from: 6/21/2022-9/18/2022

Comments: 2022 LIFEGUARD – POOL

This employee may be terminated at an earlier date if his/her job performance is not up to acceptable standards. Position may require employee to perform maintenance duties from time to time. 1st Year.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Mayor

APPROVED BY _____
Director of Personnel

ACKNOWLEDGED BY _____
Employee Signature

APPROVED BY _____
Business Administrator

APPROVED BY _____
Chief Financial Officer

OPRA 24-1291 WAYNE 004

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Chelsea Anaemeje	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/25/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 005

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ariana Aray	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

OPRA 24-1291 WAYNE 006

Date Originated: 05/20/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brendon Arnold	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alex Baba	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 008

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/14/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Wadie Bandeli

Position Title: Lake Lifeguard

Employee Address: [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jason Barnable	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/03/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 010

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/18/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Hannah Barreiro	PT - Administrative Coordinator

Employee Address	Town	State	Zip	Account No.
[redacted]				

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $24.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $24.00

Change Date 1: 07/01/2024
Change Description:
New Base Salary: $25.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $25.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
01/16/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Sebastien Barresi	Maintenance-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/02/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Kevin Batty	Pool-Assistant Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $25.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $25.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 013

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/28/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brooke Beach	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $17.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 014

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthew Bickford	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 015

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Dylan Borowinski	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/26/2024
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brewer, George	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $39.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
New hourly rate effective 7/1/2024
Total $39.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

OPRA 24-1091 WAYNE 017

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Kylie Bryan	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

7-11-23 CA

township of Wayne

OPRA 24-2293 WAYNE 018

Date Originated: 06/22/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4212

Employee Name: Evan Buckley

Position Title: Lifeguard-Lake

Employee Address: [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/22/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 019

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/05/2023
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
BUEHLER, SAMANTHA	Public Health Nurse

Employee Address	Town	State	Zip	Account No.
[redacted]				785

Department	Division	Phone
		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/10/2023

APPOINTMENT

- (●) Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ( ) Temporary
- ( ) Seasonal
- ( ) Part-Time
- ( ) Re-employment
- ( ) Return from Military Service
- ( ) Appointment Term:

SEPARATION

- ( ) Resignation
- ( ) Left Job
- ( ) Dismissed
- ( ) Lay-Off
- ( ) Termination of Appointment
- ( ) Retirement
- ( ) Death
- ( ) Other - see comments below:

IN-SERVICE CHANGE

- ( ) Disability/Extended sick leave
- ( ) Suspension - No. of Days ____
- ( ) Leave of Absence without pay
- ( ) Leave of Absence with pay
- ( ) New Job Title
- ( ) Promotion
- ( ) Demotion
- ( ) Change of Address or Phone
- ( ) Transfer from:
- ( ) Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ( ) Job Category: From _____ To _____
- ( ) Other - See comments:

Starting Salary: $47,836.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade: 8
Other:
Other Description:

Total $47,836.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment: 07/10/2023
Anniversary: 07/10/2024

New Employees
Minimum Probation Period: 6 months
Probation Period Ends: 01/10/2024

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 020

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/31/2023
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Scott Buehler	Police Technology Coordinator Assistant

Employee Address [redacted] Town State Zip

Account No.

Department: Police
Division: Operations
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/23/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $30.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $30.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Colin Burke	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/14/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ian Burke	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthew Burke	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/14/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Michael Burke, Jr.	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/01/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Edward Callaghan	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 026

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: July 21, 2022
Originated By: Sharyn Matthews (dme)

FOR OFFICE USE ONLY
EEOC-GROUP: B – C – D – E – F – G – H – I – J - K
JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8
W/C Code: _____
Date of Birth: _____
Social Security: _____

1. Employee Name
Cangialosi, Marina

2. Position Title
Instructor – Lookin' Good

3. Employee Address [redacted] Town State Zip

4. Account No.
785

5. Department Division
Health

Phone : [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2022 – 12/31/2022

7. APPOINTMENT
Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
☐ Temporary
☐ Seasonal
Part-Time
☐ Re-employment
☐ Return from Military Service
☐ Appointment Term –
Start Salary

8. SEPARATION
☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE X
☐ Disability/Extended sick leave
☐ Suspension – No. of Days___
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
X Pay Increase
Annual___ ____ Longevity _____
Promotion ____ Other_____
☐ Job Category: From_____ To_____
☐ Other – see comments below:

Present Base Salary $	New Base Salary $
Longevity %	Longevity %
Shift Diff. /Bur. -%	Shift Diff. /Bur. %
Other	Other
Total $	Total $
Grade	

Continuous Fulltime Employment :
Anniversary ----
New Employees Minimum
Probation – months: 6 months
Probation Period ends:
Part-Time Employment from ___

Comments: Increase to $30 per hour

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY Sharyn Matthews Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

township of wayne

OPRA 24-1291 WAYNE 027

Date Originated: 08/29/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Cannon, Brent	Special Law Enforcement Officer III

Employee Address [redacted] Town State Zip

Account No. 745

Department: Police
Division: Investigative
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 09/06/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/06/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Jessica Cappadona

Position Title: Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Peter Carr	Maintenance-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		([redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 030

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emilia Caruso	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Leah Caruso	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1221 WAYNE 032

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Laurie Casselli	P/T Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
08/25/2014

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Isabella Catania	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 034

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/13/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Imane Chenni	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Madeline Chessin	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Keira Cicchetti	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 037

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Roberto Cisneros	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 038

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/08/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Steven Clegg

Position Title: Clean Communities Crew

Employee Address: [redacted] Town State Zip

Account No.: 352

Department: Health

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 03/11/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.50

Change Date 1: 03/11/2024
Change Description:
New Base Salary: $15.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.50

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
03/21/2022

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Rebecca Coles	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1291 WAYNE 040

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 08/29/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Collins, David	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 09/06/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/06/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/01/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jennifer Cook	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	PI
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 2021 WAYNE 042

Date Originated: 08/08/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Costabile, John	Special Law Enforcement Officer III

Employee Address [redacted] Town State Zip

Account No. 745

Department: Police
Division: Investigative
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:
07/01/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

Date Originated: 01/30/2024
Originated By: Debbie Esposito

OPRA 24-1291 WAYNE 043

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Crusius, Elsbeth	Prosecuter

Employee Address	Town	State	Zip	Account No.
[redacted]				712

Department	Division	Phone
Legal		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: One yea

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $350.00
Present Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Other Description:
Total $350.00

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

OPRA 24-1291 WAYNE 044

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/31/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Orlando Cruz	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 045

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Zachary Cusick	Pool Maintenance

[redacted] | Account No. 595

Department: Parks and Recreation | Division: | Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/25/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Collin Custance	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 047

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Logan Custance	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]	[redacted]	[redacted]	[redacted]	595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

Date Originated: April 4, 2022
Originated By: Tim Roetman

OPRA 24-1291 WAYNE 048

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

FOR OFFICE USE ONLY
EEOC-GROUP: B – C – D – E – F – G – H – I – J – K
JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8
W/C Code:
Date of Birth: [redacted]
Social Security: [redacted]

1. Employee Name
DAMIANI, Ryan

2. Position Title
Gate Guard

3. Employee Address [redacted] Town State Zip

4. Account No.
595-011

5. Department
PARKS & RECREATION

Division
RECREATION

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: May 1, 2022-September 18, 2022

7. APPOINTMENT X
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- X Temporary
- X Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $12.00/HR

8. SEPARATION ☐
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE ☐
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase
  Annual_____ Longevity _____
  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

New Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

Continuous Fulltime Employment:
Anniversary:
New Employees Minimum Probation:
Probation Period ends:
Part-Time Employment from: 5/1/2022-9/18/2022

Comments: 2022 Gate Guard – POOL

This employee may be terminated at an earlier date if his/her job performance is not up to acceptable standards. Position may require employee to perform maintenance duties from time to time. 1st Year.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Veronica Damico	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1221 WAYNE 050

Date Originated: 07/08/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Damurjian, Gregory	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/01/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 051

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Joshua DaSilva	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

Date Originated: 06/05/2023
Originated By: MaryAnn Orapello

OPRA 24-1291 WAYNE 052

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Sueyla Dervishi	Part-Time Public Health Nurse

Employee Address	Town	State	Zip	Account No.
[redacted]				785

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/12/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $35.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $35.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
06/12/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 053

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/04/2024
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jason DeStefano	Council President

Employee Address	Town	State	Zip	Account No.
[redacted]				

Department	Division	Phone
Clerk's Office		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◉ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $9,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $9,000.00

Change Date 1: 01/01/2024
Change Description:
Increase for Council President
New Base Salary: $10,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $10,000.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 054

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/31/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Elijah Diaz	Lake Lifeguard

Employee Address / Town / State / Zip	Account No.
[redacted]	596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 055

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/28/2023
Originated By: HM

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mary Doud	Clerk PT

Employee Address	Town	State	Zip	Account No.
[redacted]				908

Department	Division	Phone
Finance	Revenue	

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  Annual 1.00 Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.14
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.00

Change Date 1: 01/01/2024
Change Description:
Min Wage Increase
New Base Salary: $15.14
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
11/14/2022

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/31/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brady Driesse	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

8-1-23

township of wayne

OPRA 24-1291 WAYNE 057

Date Originated: 07/12/2023

Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: ____

JOB CATEGORY: ____

W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4428

Employee Name	Position Title
Jonathan Dykman	Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/14/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00

Present Base Salary:

Longevity %

Shift Diff. / Bur. %

Grade:

Other:

Other Description:

Total $16.00

Change Date 1:

Change Description:

New Base Salary:

Longevity %

Shift Diff. / Bur. %

Grade:

Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:

Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/29/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gavin Eckert	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/03/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 059

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/28/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Thomas Emeric	Lake Head Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $18.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $18.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/29/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Esposito, Felice	PT - Building SubCode

Employee Address	Town	State	Zip	Account No.
[redacted]				725

Department	Division	Phone
DPW	Construction Code	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/29/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◉ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $60.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Temporary - PT
Total $60.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:
01/29/2024

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: January 5, 2016

Originated By: Paul Margiotta, Township Clerk

OPRA 24-1291 WAYNE 061

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

1. Employee Name
Jonathan Ettman

2. Position Title
Sixth Ward Councilman

3. Employee Address [redacted] Town State Zip

4. Account No.
704

5. Department
Office of the Clerk

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2016

7. APPOINTMENT

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

- ☐ Temporary
- ☐ Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $9,000.00

8. SEPARATION

- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE XX☐

- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase
  Annual_____ Longevity _____
  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐XX Other – see comments below:

Present Base Salary $9000.00
Longevity % _____
Shift Diff. /Bur. % _____
Other _____

Total $9000.00

Grade_____

New Base Salary $9000.00
Longevity % _____
Shift Diff. /Bur. % _____
Other _____

Total $9000.00

Grade_____

Continuous Fulltime Employment_____

Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

Elected Sixth Ward Councilman on November 3, 2015

Term begins January 1, 2016

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY _____
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alexandra Eustic	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

OPRA 24-1221 WAYNE 063

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/08/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Faber, James	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment: 07/01/2023
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 064

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/28/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Carrie Ann Farrell	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/14/2023
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Fattal, Michael

Position Title: Councilman

Employee Address: [redacted] Town State Zip

Account No.: 704

Department: Clerk's Office

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◉ Appointment Term: 4 years

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $9,000.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $9,000.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 3:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 4:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 5:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ashton Fava	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

OPRA 24-2022 WAYNE 067

Date Originated: 12/29/2022
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Tom Feeley	Bus Driver

[redacted] | Account No. 795

Department: Parks and Recreation | Division | Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT
- (•) Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ( ) Temporary
- ( ) Seasonal
- ( ) Part-Time
- ( ) Re-employment
- ( ) Return from Military Service
- ( ) Appointment Term:

SEPARATION
- ( ) Resignation
- ( ) Left Job
- ( ) Dismissed
- ( ) Lay-Off
- ( ) Termination of Appointment
- ( ) Retirement
- ( ) Death
- ( ) Other - see comments below:

IN-SERVICE CHANGE
- ( ) Disability/Extended sick leave
- ( ) Suspension - No. of Days ____
- ( ) Leave of Absence without pay
- ( ) Leave of Absence with pay
- ( ) New Job Title
- ( ) Promotion
- ( ) Demotion
- ( ) Change of Address or Phone
- ( ) Transfer from:
- (•) Pay Increase
  Annual X _____ Longevity _____
  Promotion _____ Other _____
- ( ) Job Category: From _____ To _____
- ( ) Other - See comments:

Starting Salary:
Present Base Salary: $21.30
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $21.00

Change Date 1: 01/01/2023
Change Description:
New Base Salary: $22.15
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $22.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

1-3-23
OK
JM

OPRA 24-1291 WAYNE 068

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Chelsey Fernicola

Position Title: Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

P[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

OPRA 24-1291 WAYNE 069

Date Originated: 08/29/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Ferray, Dennis	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 09/06/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:
09/06/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 070

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/15/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Christine Fili	Lake Swim Team Asst. Coach

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $0.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 3:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 4:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

Change Date 5:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total

OPRA 24-1291 WAYNE 071

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brianna Fontes	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jordanna Fontes	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 073

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Lawrence Fraley	Clean Communities Crew

Employee Address [redacted] Town State Zip

Account No. 352

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
03/20/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-20-23 CM

OPRA 24-1291 WAYNE 074

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4009

Date Originated: 05/23/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jason French	Assistant Swim Coach-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/23/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/08/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gallagher, Stephanie	PT Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 03/11/2024

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.13
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.13

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary: 03/11/2025

New Employees
Minimum Probation Period: 6 months
Probation Period Ends: 09/11/2024

Part-time Employment From:
03/11/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-28-23 OPRA

OPRA 24-1291 WAYNE 076

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4397

Date Originated: 05/11/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Julia Gasienica	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/15/2023 Jul 6-13-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Angelo Gencarelli	Tennis Attendant

Employee Address [redacted] Town State Zip

Account No. 597

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Salvatore Gencarelli	Tennis Attendant

Employee Address	Town	State	Zip	Account No.
[redacted]				597

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: March 23, 2022
Originated By: Mayor Vergano (dme)

OPRA 24-1291 WAYNE 079

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: ____

Date of Birth: [redacted]

Social Security: [redacted]

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

1. Employee Name
Matt Giacobbe

2. Position Title
Township Attorney

3. Employee Address [redacted] Town State Zip

4. Account No.
712

5. Department
LEGAL

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2022

7. APPOINTMENT
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ☐ Temporary
- ☐ Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- x Appointment Term-

Start Salary __

8. SEPARATION
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE X
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days___
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- X Pay Increase

Annual___ X____ Longevity _____

Promotion ____ Other_____

- ☐ Job Category: From_____ To_____

Present Base Salary $106,829	New Base Salary $113,647
Longevity %	Longevity %
Shift Diff. /Bur. -%	Shift Diff. /Bur. %
Other	Other
Total $	Total $113,647
Grade **See notes below**	Grade E14

Continuous Fulltime Employment 9/10/2009
Anniversary ----
New Employees Minimum Probation – 6 months
Probation Period ends_
Part-Time Employment from _____

Comments: As per 4-71, Schedule E of the Wayne Township Code :

2019: 1/1/2019 – 12/31/2019: $526 (Total of $107,355)

2020: 1/1/2020 – 12/31/2020: (2%) 109,502

2021: 1/1/2021 – 12/31/2021: (2%) 111,692

2022: 1/1/2022 (1.75%) 113,647

(2019 raises were previously calculated @ 1.5%, this form corrects that calculation)

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____Chris Vergano_____
Department Head

APPROVED BY Shayn Matthews
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY Unavailable, 3/30
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matteo Giacon	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $15.25

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jake Goodman	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Sophie Goodman	Lake Gate Guard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/20/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gray, Ian	DPW - Summer Help

Employee Address	Town	State	Zip	Account No.
[redacted]				501

Department	Division	Phone
DPW	Division of Water & Sewer	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/22/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.13
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.13

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends: 05/22/2024

Part-time Employment From:
05/22/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Claudia Greczek	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Julia Greczek	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Izabella Greczek	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/24/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Robbin Gulino	Alliance Coordinator

Employee Address [redacted] Town State Zip

Account No. 361

Department: Health | Division: | Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: 7/1/2024

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $22,477.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $22,477.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

5-3-23 CB

township of Wayne

OPRA 24-1281 WAYNE 088

Date Originated: 03/22/2023 Corrected effective

Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: ____

JOB CATEGORY: ____

W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4082

Employee Name	Position Title
Katherine Gurda	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/28/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jamie Hamalainen	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 090

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Dakota Handschin	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Kevin Hart	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

4-17-23 CB

OPRA 24-1291 WAYNE 092

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4119

Date Originated: 03/22/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Samantha Hoff	Lifeguard-Lake

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 093

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Leandro Huerta	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Samantha Huerta	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/02/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthew Huppert	Pool-Assistant Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $27.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $27.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Yasmin Jabali	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jailyn James	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 098

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Tyler Jason	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alexis Jassin	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: December 1, 2021
Originated By: Paul Margiotta, Township Clerk

OPRA 24-1291-WAYNE 100

FOR OFFICE USE ONLY
EEOC-GROUP: B – C – D – E – F – G – H – I – J - K
JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8
W/C Code: _____
Date of Birth: _____
Social Security: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

1. Employee Name
Richard Jasterzbski

2. Position Title
Councilman

3. Employee Address [redacted] Town State Zip

4. Account No.
704

5. Department
Office of the Clerk

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: December 31, 2021

7. APPOINTMENT
☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
☐ Temporary
☐ Seasonal
☐ Part-Time
☐ Re-employment
☐ Return from Military Service
☐ Appointment Term
Start Salary _____

8. SEPARATION
☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE ☐XX
☐ Disability/Extended sick leave
☐ Suspension – No. of Days____
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
☐ Pay Increase
Annual_____ Longevity _____
Promotion_____ Other_____
☐ Job Category: From_____ To_____
☐XX Other – see comments below:

Present Base Salary $10,000	New Base Salary $ 9,000
Longevity % _____	Longevity % _____
Shift Diff. /Bur. % _____	Shift Diff. /Bur. % _____
Other _____	Other _____
Total 10,000	Total 9,000
Grade_____	Grade_____

Continuous Fulltime Employment_____

Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

End of Council President Term for the Year - 2021

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY Unavailable
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY Richard Jasterzbski
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Justin Jaworski	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Olivia Jaworski	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Aidan Jobst	Lake Lifeuard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Allison Jordan	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/26/2024
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Joy, August	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $39.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
New hourly rate effective 7/1/2024
Total $39.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthew Kane	Lake-Head Swim Coach

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $0.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ajla Karalic	P/T Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
02/14/2022

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mason Katz	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/25/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/28/2023
Originated By: HM

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Linda Kearney	Clerk PT

Employee Address	Town	State	Zip	Account No.
[redacted]				705

Department	Division	Phone
Finance	Treasury	

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◉ Pay Increase
  Annual 1.00 Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $14.56
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.00

Change Date 1: 01/01/2024
Change Description:
Min Wage Increase
New Base Salary: $15.56
Longevity %
Shift Diff. / Bur. %
Grade: PT
Other:
Total $16.00

Continuous Fulltime Employment:
Anniversary: 01/01/2024

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
01/21/2014

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/28/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Brynn Kelly	Pool Head Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $18.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $18.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Richard Kelly	Pool Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $30.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $30.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jayden Kennedy	Pool-Maintenance

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: May 14, 2021

Originated By: Tim Koelmel

OPRA 21-1291 WAYNE 113

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J – K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

W/C Code:

Date of Birth: [redacted]

Social Security: [redacted]

1. Employee Name	2. Position Title
KERN, Ryan	Lifeguard

3. Employee Address Town State Zip	4. Account No.
[redacted]	595-011

5. Department	Division	Phone
PARKS & RECREATION	RECREATION	[redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: May 15, 2021-September 12, 2021

7. APPOINTMENT X
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- X Temporary
- X Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $12.50/HR

8. SEPARATION ☐
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE ☐
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase

  Annual_____ Longevity _____

  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary: $	New Base Salary: $
Longevity %:	Longevity %:
Shift Diff. /Bur. %:	Shift Diff. /Bur. %:
Other:	Other:
Total:	**Total:**
Grade:	Grade:

Continuous Fulltime Employment:
Anniversary:
New Employees Minimum Probation:
Probation Period ends:
Part-Time Employment from: 5/15/2021-9/12/2021

Comments: 2021 Lifeguard – POOL

This employee may be terminated at an earlier date if his/her job performance is not up to acceptable standards. Position may require employee to perform maintenance duties from time to time. 1st Year.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Mayor

APPROVED BY _____ Director of Personnel

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Business Administrator

APPROVED BY _____ Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/08/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
KERWIN, Aiden	Summer Laborer

Employee Address	Town	State	Zip	Account No.
[redacted]				501

Department	Division	Phone
DPW	Division of Water & Sewer	[redacted]

EFFECTIVE Date or Inclusive Dates of Action:

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.13
Present Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Other Description:
Total $15.13

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/08/2024

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Maya Kolen	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Samantha Kopleton	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Sebastian Kowalczyk	Tennis Attendant

Employee Address	Town	State	Zip	Account No.
[redacted]				597

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Leah Kleinstein	Pool-Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department Division Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Joseph Klunk	Lake Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $25.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $25.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 120

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Sofia Kriegel

Position Title: Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

Ph [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 121

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/20/2023
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Daniel Lagana	Assistant Township Attorney

Employee Address [redacted] Town State Zip

Account No.

Department: Legal
Division:
[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 04/24/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $135,000.00
Longevity %
Shift Diff. / Bur. %
Grade: E13
Other:
Other Description:
Total $135,000.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 122

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4218

Date Originated: 05/31/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
James Lamin	Maintenance-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/31/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

5-25-23 CW

OPRA 24-1291 WAYNE 123

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4359

Date Originated: 05/17/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Kara Langbaum	Llifeguard-Lake

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/14/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Aimee LaSala	Lake Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $25.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $25.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Craig Legras	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: 3/26/2020
Originated By: M.Orapello

OPRA 24-1291 WAYNE 126

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

1. Employee Name
Marianne Lennon

2. Position Title
Public Health Nurse Supervisor

3. Employee Address [redacted] Town State Zip

4. Account No.
785-011

5. Department
Health

Division

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: 3/9/2020

7. APPOINTMENT ☐

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

☐ Temporary
☐ Seasonal
☐ Part-Time
☐ Re-employment
☐ Return from Military Service
☐ Appointment Term

Start Salary _____

8. SEPARATION ☐

☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE

☐ Disability/Extended sick leave
☐ Suspension – No. of Days____
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
X Pay Increase
Annual_____ Longevity _____
Promotion_____ Other_____
☐ Job Category: From_____ To_____
X Other – see comments below:

Present Base Salary $ 28.90/hr.	New Base Salary $ 33.90/hr.
Longevity %	Longevity %
Shift Diff. /Bur. %	Shift Diff. /Bur. %
Other	Other
Total	**Total $ 33.90/hr.**
Grade ____.	Grade _____.

Continuous Fulltime Employment - Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

In Reponse to COVID-19 Surveliance

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY Unavailable
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Gianna Lepri

Position Title: Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Madelyn Les	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 129

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/30/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Levitt, Lee	Public Defender

Employee Address	Town	State	Zip	Account No.
[redacted]				714

Department	Division	Phone
Legal		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: One yea

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $
Present Base Salary: $22,300.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Other Description:
Total $22,300.00

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jack Lima	Clean Communities Crew - Lead

Employee Address	Town	State	Zip	Account No.
[redacted]				352

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $19.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $19.50

Change Date 1: 01/01/2024
Change Description:
New Base Salary: $20.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $20.50

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
05/01/2017

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-22-23 CL

township of wayne

OPRA 24-1291 WAYNE 131

Date Originated: 06/08/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4404

Employee Name	Position Title
Nicholas Lionti	Maintenance-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/08/2023 / rec 6-13-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/13/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Evangeline LoGiudice	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Julianna Lombardo	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Bianca Lopes	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alyson Losito	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

5-23-23 CB ✓

OPRA 24-1281 WAYNE 136

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4354

Date Originated: 05/11/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Anthony Losito	Lifeguard-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/15/2023 – 5/22/23

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-14-23 CJ ✓

OPRA 24-1291 WAYNE 137

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

3920

Date Originated: 04/26/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Faith Lynch	Lifeguard-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/30/2023
Originated By: MaryAnn Orapello

OPRA 24-1291 WAYNE 138

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Edward D. Lynch	Clean Communities

Employee Address [redacted] Town State Zip

Account No. 352

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 04/03/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $16.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.50

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/11/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ryan Lynch	Seasonal Park Maintenance

Employee Address	Town	State	Zip	Account No.
[redacted]				797

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 03/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: May 6, 2022 Revised May 26, 2022
Originated By: Heather Vitz-Del Rio

OPRA 24-1291 WAYNE 140

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

1. Employee Name	2. Position Title
Lynch, Robert L.	Electrical Inspector

3. Employee Address	Town	State	Zip	4. Account No.
[redacted]				725

5. Department	Division	Phone
Public Works	Construction Official	[redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: See Below

7. APPOINTMENT ☐

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

- ☐ Temporary
- ☐ Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary _____

8. SEPARATION ☐

- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE X

- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- X Pay Increase

  Annual___x___ Longevity _____

  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary $ 63,983	New Base Salary $69,087
Longevity %	Longevity %
Shift Diff. /Bur. %	Shift Diff. /Bur. %
Other	Other
Total $63,983	Total $69,087
Grade 8	Grade 8

Continuous Fulltime Employment - 9/5/2017

Anniversary _____1/1_____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments: As per White Collar Contract 2019-2022

5.85 1/1/2019 $65,263 ✓

5.57 1/1/2020 $66,568 ✓

1/1/2021 $67,899 ✓ 37.90

1/1/2022 $69,087 ✓ 37.95

*2/1/2021 to 2/16/2021 Employee received a temporary increase of $12,699

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Mayor

APPROVED BY Shaun Matthews
Director of Personnel

ACKNOWLEDGED BY Robert L Lynch
Employee Signature

APPROVED BY _____
Business Administrator

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Molly Maguire	Pool Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $35.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $35.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Aidan Magno	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

OPRA 24-1291 WAYNE 143

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 08/29/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Maldonado, Pablo	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 09/06/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/06/2023

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Adeline Maresca	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1221 WAYNE 145

Date Originated: 12/07/2022
Originated By: Franco Mazzei

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Margiotta, Paul	Township Clerk

Employee Address	Town	State	Zip	Account No.
[redacted]				704

Department	Division	Phone
Clerk's Office		

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◉ Pay Increase
  Annual X _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $142,444.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $142,444.00

Change Date 1: 01/01/2023
Change Description:
New Base Salary
New Base Salary: $152,444.00
Longevity %
Shift Diff. / Bur. %
Grade: E14
Other:
Total $152,444.00

Continuous Fulltime Employment: 06/18/2009
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2: 01/01/2023
Change Description:
2023- 2%
New Base Salary: $155,493.00
Longevity %
Shift Diff. / Bur. %
Grade: E14
Other:
Total $155,493.00

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

OPRA 24-1221 WAYNE 146

Date Originated: 05/08/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Martinez, Victor	Special Law Enforcement Officer III

Employee Address [redacted] Town State Zip

Account No. 745

Department: Police
Division: Investigative
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/01/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gabriella Matteo	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Michael Matthews	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Maxwell Matthews	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 150

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 11/15/2023
Originated By: HM

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Lina Maxwell	Assistant CFO

Employee Address	Town	State	Zip	Account No.
[redacted]				705

Department	Division	Phone
Finance	Treasury	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 11/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $106,600.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $106,600.00

Change Date 1: 11/01/2023
Change Description:
New License
New Base Salary: $111,600.00
Longevity %
Shift Diff. / Bur. %
Grade: E12
Other:
Total $111,600.00

Continuous Fulltime Employment: 01/19/2015
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 151

Township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2022
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthews, Sharyn	Director of Human Resources

Employee Address	Town	State	Zip	Account No.
[redacted]				701

Department	Division	Phone
Administration	HR / Safety	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $130,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $130,000.00

Change Date 1: 01/01/2023
Change Description:
New Base Salary
New Base Salary: $135,000.00
Longevity %
Shift Diff. / Bur. %
Grade: E12
Other:
Total $135,000.00

Continuous Fulltime Employment: 01/10/2023
Anniversary: 01/10/2023

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2: 01/01/2023
Change Description:
2023 - 2% increase
New Base Salary: $137,700.00
Longevity %
Shift Diff. / Bur. %
Grade: E12
Other:
Total $137,700.00

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 152

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/05/2023
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mazzei, Franco	Councilman

Employee Address	Town	State	Zip	Account No.
[redacted]				704

Department	Division	Phone
Clerk's Office		

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◉ Appointment Term: 1 Year

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $10,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $10,000.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alexa Maybrown	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-2-23 CB

OPRA 24-1291 WAYNE 154

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4369

Date Originated: 05/23/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Frank Mazzie	Gate Guard-Lake

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/23/2023 / WE 5-25-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Sarah McCarthy	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Amanda McHugh

Position Title: Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/20/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
McHugh, Anna	PT- Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/24/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.13	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.13	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
06/24/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Abigail McNamara	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

OPRA 24-1991 WAYNE 159

Date Originated: 12/07/2022
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Heather McNamara	Chief Financial Officer

Employee Address	Town	State	Zip	Account No.
[redacted]				705

Department	Division	Phone
Finance	Treasury	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual X _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $148,000.00
Longevity %
Shift Diff. / Bur: %
Grade: E14
Other:
Other Description:
Total $148,000.00

Change Date 1: 01/01/2023
Change Description:
New Base Salary
New Base Salary: $153,000.00
Longevity %
Shift Diff. / Bur. %
Grade: E14
Other:
Total $153,000.00

Continuous Fulltime Employment: 05/29/2012
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2: 01/01/2023
Change Description:
2023 - 2%
New Base Salary: $156,060.00
Longevity %
Shift Diff. / Bur. %
Grade: E14
Other:
Total $156,060.00

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emma McSorley	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/26/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mia Medina	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/08/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Meeker, Leo

Position Title: Clean Communities Crew

Employee Address [redacted] Town State Zip

Account No.: 352

Department: Health

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 03/11/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.13
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.13

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary: 03/11/2025

New Employees
Minimum Probation Period: 6 months
Probation Period Ends: 09/11/2024

Part-time Employment From:
03/11/2024

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Roddy Melendez	Tennis Attendant

Employee Address [redacted] Town State Zip

Account No. 597

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/17/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Dauzed Melgarejo

Position Title: Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Enrique Melgarejo	Lake Lifeguard

Employee Address Town State Zip	Account No.
[redacted]	596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Benjamin Mendez	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gavin Merklin	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Tyler Merklin	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Gail Michel	P/T Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description:
Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
03/20/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 170

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Parke Middlesworth	P/T Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description:
Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
02/27/2019

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jake Minardi	Lake-Maintenance

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/09/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jonathan Mongelli	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

4-13-23 CS

OPRA 24-1291 WAYNE 173

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4216

Date Originated: 03/22/2023 (already active Deleted Dir Dep)
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Delilah Morelli	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

4-13-23

OPRA 24-1291 WAYNE 174

already sent

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

A080

Date Originated: 03/22/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Samir Mujic	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 175

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2022
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mullen-Esposito, Debra	Human Resources Coordinator

Employee Address	Town	State	Zip	Account No.
[redacted]				701

Department	Division	Phone
Administration	HR / Safety	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $66,695.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $66,695.00

Change Date 1: 01/01/2023
Change Description:
New Base Salary
New Base Salary: $71,695.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other:
Total $71,695.00

Continuous Fulltime Employment: 11/15/2014
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2: 01/01/2023
Change Description:
2023 - 2%
New Base Salary: $73,129.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other:
Total $73,129.00

Change Date 3:
Change Description:
Additional Duties Stipend
New Base Salary: $73,129.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $3,000.00
Total $76,129.00

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emily Munoz	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mya Munoz	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Andrew Murcia	Tennis Attendant

Employee Address	Town	State	Zip	Account No.
[redacted]				597

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/03/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Tanner Newman	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/31/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Abdelrahman Omar	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Sara Oparaku	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alejandro Ortiz	P/T Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health | Division | Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/25/2022

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/13/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Kyla Osorio	Pool Maintenance

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Riley O'Sullivan	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Spencer O'Sullivan	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/14/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Justin Oswald	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 187

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: 04//05/2019

Originated By: Michael DelBalso

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: ____

Date of Birth: [redacted]

Social Security: [redacted]

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

1. Employee Name
OURS, JASON

2. Position Title
P/T SENIOR CITIZEN BUS DRIVER

3. Employee Address [redacted] Town State Zip

4. Account No.
795

5. Department
PARKS & RECREATION

Division

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: APRIL 8, 2019

7. APPOINTMENT x

Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

- ☐ Temporary
- ☐ Seasonal
- X Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term –
- X Start Salary $16.82/hr.

8. SEPARATION

- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE

- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days___
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase

  Annual___ ____ Longevity _____

  Promotion _____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary
Longevity %
Shift Diff. /Bur. -%
Other

Total

Grade

New Base Salary
Longevity %
Shift Diff. /Bur. %
Other

Total

Grade

Continuous Fulltime Employment :
Anniversary ----
New Employees Minimum
Probation – 6 months:
Probation Period ends:
Part-Time Employment from ___04/08/2019

Comments: Employee replacing Richard Sauri. Employee considered part time and not entitled to any health or other benefits from Wayne Township.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/13/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Lucas Padilla	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Valentina Palen	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 190

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/12/2022
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Pascucci, Gia	Paralegal Secretary

Employee Address	Town	State	Zip	Account No.
[redacted]				712

Department	Division	Phone
Legal		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/27/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ◉ Other - See comments: 20 Year Milestone.

Starting Salary:
Present Base Salary: $80,180.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other: $500.00
Other Description:
milestone
Total $80,680.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment: 01/27/2003
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/17/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Sebastian Patanella

Position Title: Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/17/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ved Patel	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 193

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 09/20/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Paylo, Dennis	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Natalie Pelosi	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/28/2023
Originated By: HM

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Terry Petrevski	Clerk PT

Employee Address	Town	State	Zip	Account No.
[redacted]				708

Department	Division	Phone
Finance	Revenue	

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◉ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $0.00

Change Date 1: 01/01/2024
Change Description:
1.00
New Base Salary: $15.54
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $16.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
10/24/2016

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Siena Petrie	P/T Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description:
Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/21/2020

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ainsley Phillips	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Arianna Polifonte	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emily Porfido	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1091 WAYNE 200

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jonathan Prail	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

1-4-24 DSV

township of Wayne

OPRA 24-1291 WAYNE 201

Date Originated: 12/07/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

3970

Employee Name	Position Title
Susan Purcell	P/T Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description:
Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
08/29/2019

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-19-23 CA

OPRA 24-1291 WAYNE 202

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4378

Date Originated: 05/31/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Anthony Qassis	Lifeguard-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/31/2023 / ltr. 5-19-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $16.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-23-23 CA

OPRA 24-1091 WAYNE 203

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4121

Date Originated: 05/17/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Matthew Piacentini

Position Title: Lifeguard-Lake

Employee Address: [redacted]

Town / State / Zip: [redacted]

Account No.: 596

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

6-14-23 CW ✓

OPRA 24-1291 WAYNE 204

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/06/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Talia Qira	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/06/2023 Wk. 6-8-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

Date Originated: 01/30/2024
OPRA 24-1291 WAYNE 205
Originated By:

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: ____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Qualey, Patricia	Prosecuter

Employee Address	Town	State	Zip	Account No.
[redacted]				712

Department	Division	Phone
Legal		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: One yea

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $
Present Base Salary: $31,085.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Other Description:
Total $31,085.00

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

township of Wayne

OPRA 24-3221 WAYNE 206

Date Originated: 01/03/2023
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Quinlan, Jacqueline	Deputy Township Clerk

Employee Address [redacted] Town State Zip

Account No. 704

Department: Clerk's Office
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◉ Pay Increase
  Annual 2% Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $71,040.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $71,040.00

Change Date 1: 01/01/2023
Change Description:
2023 - 2% increase
New Base Salary: $72,461.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $72,461.00

Continuous Fulltime Employment: 01/02/2008
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 207

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Grace Ralicki	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $17.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 208

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Julia Ralicki	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/30/2024
OPRA 24-1291 WAYNE 209
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Reddin, Raymond	Public Defender

Employee Address	Town	State	Zip	Account No.
[redacted]				714

Department	Division	Phone
Legal		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: One yea

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $
Present Base Salary: $23,238.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Other Description:
Total $23,238.00

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

township of wayne

OPRA 24-1281 WAYNE 210

Date Originated: 06/27/2023
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Joseph Reeber	PT Dispatcher

Employee Address	Town	State	Zip	Account No.
[redacted]				

Department	Division	Phone
Police	Communications	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT
- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION
- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE
- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $43,845.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $43,845.00

Change Date 1: 07/01/2023
Change Description:
Hourly Rate Change
New Base Salary: $20.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $20.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 211

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Samantha Reichert	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Christian Reyes	Pool-Maintenance

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

OPRA 24-1281 WAYNE 213

Date Originated: 08/29/2023
Originated By: Chief John McNiff

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Rivera, Iris	Special Law Enforcement Officer III

Employee Address	Town	State	Zip	Account No.
[redacted]				745

Department	Division	Phone
Police	Investigative	[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 09/06/2023

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $38.25
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $38.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/06/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-16-23 CM ✓

township of Wayne

OPRA 24-1291 WAYNE 214

Date Originated: 06/08/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4402

Employee Name	Position Title
Adam Rhfiri	Tennis Attendant

Employee Address	Town	State	Zip	Account No.
[redacted]				597

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/08/2023 | June 6-13-23

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: November 21, 2019
Originated By: Paul Margiotta, Township Clerk

OPRA 24-1291-WAYNE 215

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

1. Employee Name
Francine Ritter

2. Position Title
Fifth Ward Councilwoman

3. Employee Address [redacted] Town State Zip

4. Account No.
704

5. Department
Office of the Clerk

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2020

7. APPOINTMENT
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ☐ Temporary
- ☐ Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $9,000.00

8. SEPARATION
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE XX☐
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase
  Annual_____ Longevity _____
  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐XX Other – see comments below:

Present Base Salary $0	New Base Salary $9,000.00
Longevity % _____	Longevity % _____
Shift Diff. /Bur. % _____	Shift Diff. /Bur. % _____
Other _____	Other _____
Total $0	Total $9,000.00
Grade_____	Grade_____

Continuous Fulltime Employment_____

Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

Elected Fifth Ward Councilwoman - Term begins January 1, 2020

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Noelle Rodgers	P/T Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From: 06/14/2021

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/28/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Rafael Roman	PT Animal Control Officer

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/02/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $25.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $25.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/02/2024

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/24/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Richard Romero	PT - Infectious Disease Preparedness Generalist

Employee Address	Town	State	Zip	Account No.
[redacted]				652

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ◉ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $36.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $36.00

Change Date 1: 07/01/2024
Change Description:
new job title
New Base Salary: $38.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $38.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/31/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 219

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Madison Rooney	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 220

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Allison Roth	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

5-4-23 CA

township of wayne

OPRA 24-1291 WAYNE 221

Date Originated: 04/25/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4335

Employee Name	Position Title
Joseph Rovere	Tennis Attendant

Employee Address	Town	State	Zip	Account No.
[redacted]				597

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

5-2-23 US

township of wayne

OPRA 24-1291 WAYNE 222

Date Originated: 04/25/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4329

Employee Name	Position Title
Nicholas Rovere	Maintenance-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 223

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Francesca Sabia	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:

Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: January 5, 2016

Originated By: Paul Marciante, Township Clerk

OPRA 24-129 WAYNE 224

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

1. Employee Name: Al Sadowski

2. Position Title: Councilman

3. Employee Address [redacted] Town State Zip

4. Account No.: 704

5. Department: Office of the Clerk Division Phone

6. EFFECTIVE Date or Inclusive Dates of Action: December 31, 2015

7. APPOINTMENT

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

- ☐ Temporary
- ☐ Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary _____

8. SEPARATION

- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE ☐XX

- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase

Annual_____ Longevity _____

Promotion_____ Other_____

- ☐ Job Category: From_____ To_____
- ☐XX Other – see comments below:

Present Base Salary $10,000	New Base Salary $ 9,000
Longevity % _____	Longevity % _____
Shift Diff. /Bur. % _____	Shift Diff. /Bur. % _____
Other _____	Other _____
Total 10,000	Total 9,000
Grade_____	Grade_____

Continuous Fulltime Employment_____

Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

End of Council President term for the Year - 2015

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 01/03/2024
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Daniel Sagan	Prosecutor

Employee Address [redacted] Town State Zip

Account No.

Department: Municipal Court / Violations
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◉ Appointment Term: 1 Year

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $31,085.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $31,085.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/21/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jenelee Saldana	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/24/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

4-13-23 CM

township of wayne

OPRA 24-1021 WAYNE 227

Date Originated: 03/23/2023
Originated By: Tim Roetman
already active

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4204

Employee Name	Position Title
Michael Sanchez	Lifeguard - Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Drew Sandowick	Maintenance-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 229

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Matthew Sapp	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 230

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Michael Sapp	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: December 4, 2017
Originated By: Paul Margiotta, Township Clerk

OPRA 24-1291 WAYNE 231

FOR OFFICE USE ONLY
EEOC-GROUP: B – C – D – E – F – G – H – I – J - K
JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8
W/C Code: _____
Date of Birth: _____
Social Security: _____

1. Employee Name
Jill Sasso

2. Position Title
Councilwoman at Large

3. Employee Address [redacted] Town State Zip

4. Account No.
704

5. Department
Office of the Clerk

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2018

7. APPOINTMENT
☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
☐ Temporary
☐ Seasonal
☐ Part-Time
☐ Re-employment
☐ Return from Military Service
☐ Appointment Term
Start Salary $9,000.00

8. SEPARATION
☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE XX☐
☐ Disability/Extended sick leave
☐ Suspension – No. of Days____
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
☐ Pay Increase
Annual_____ Longevity _____
Promotion_____ Other_____
☐ Job Category: From_____ To_____
☐XX Other – see comments below:

Present Base Salary $0	New Base Salary $9000.00
Longevity % _____	Longevity % _____
Shift Diff. /Bur. % _____	Shift Diff. /Bur. % _____
Other _____	Other _____
Total $0	Total $9000.00
Grade_____	Grade_____

Continuous Fulltime Employment_____
Anniversary _____
New Employees Minimum Probation – Six Months
Probation Period ends_____
Part-Time Employment from _____

Comments:

Elected Councilwoman at Large on November 7, 2017

Term begins January 1, 2018

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____ Department Head

APPROVED BY _____ Director of Personnel

APPROVED BY _____ Business Administrator

APPROVED BY _____ Mayor

ACKNOWLEDGED BY _____ Employee Signature

APPROVED BY _____ Chief Financial Officer

1-10-23 CDV

OPRA 24-1291 WAYNE 232

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4403

Date Originated: 06/12/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Joseph Savarino	Maintenance-Lake

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/12/2023 URL 1-13-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

7-7-23 CB

OPRA 24-1291 WAYNE 233

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

3940

Date Originated: 06/26/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Anthony Saveriano	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/26/2023 10-27-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/02/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Denise Scalzitti	Lake-Manager

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $25.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $25.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Jennae Schechter	P/T Kennel Help

Employee Address [redacted] Town State Zip

Account No. 510

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description: Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
07/05/2022

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/11/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Seymour Schlossberg	Medical Director

Employee Address [redacted] Town State Zip

Account No. 608

Department: Health
Division:
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◉ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $24,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $24,000.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

4-13-23 CS

OPRA 24-1291 WAYNE 237

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4227

Date Originated: 03/22/2023 already active
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Colyn Schmitz	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-2-23 CB

OPRA 24-1291 WAYNE 238

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4351

Date Originated: 05/11/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Ella Sciancalepore

Position Title: Gate Guard-Pool

Employee Address [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/15/2023 / ltr 5-22-23

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

4-18-23 CB

OPRA 24-1291 WAYNE 239

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4178

Date Originated: 04/06/2023 already active

Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: ____

JOB CATEGORY: ____

W/C Code: _____

Employee Name	Position Title
Brooke Scott	Gate Guard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 240

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 11/28/2023
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Scuralli, Joseph	Councilman

Employee Address	Town	State	Zip	Account No.
[redacted]				704

Department	Division	Phone
Clerk's Office		

EFFECTIVE Date or Inclusive Dates of Action: 11/29/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ◉ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $9,000.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $9,000.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: July 11, 2022
OPRA 24-1291 WAYNE 241
Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J – K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

W/C Code:

Date of Birth: [redacted]

Social Security: [redacted]

1. Employee Name
SEES, John

2. Position Title
Tennis Attendant

3. Employee Address [redacted] Town State Zip

4. Account No.
597-011

5. Department
PARKS & RECREATION

Division
RECREATION

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: July 11, 2022-September 18, 2022

7. APPOINTMENT X
- ☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- X Temporary
- X Seasonal
- ☐ Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary $13.00/HR

8. SEPARATION ☐
- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE ☐
- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days____
- ☐ Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase
  Annual_____ Longevity _____
  Promotion_____ Other_____
- ☐ Job Category: From_____ To_____
- ☐ Other – see comments below:

Present Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

New Base Salary: $
Longevity %:
Shift Diff. /Bur. %:
Other:

Total:

Grade:

Continuous Fulltime Employment:
Anniversary:
New Employees Minimum Probation:
Probation Period ends:
Part-Time Employment from: 7/11/2022-9/18/2022

Comments: 2022 TENNIS ATTENDANT

This employee may be terminated at an earlier date if his/her job performance is not up to acceptable standards. Position may require employee to perform maintenance duties from time to time. 1st Year.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Mayor

APPROVED BY _____
Director of Personnel

ACKNOWLEDGED BY _____
Employee Signature

APPROVED BY _____
Business Administrator

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Charlie Semon	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

OPRA 24-1221 WAYNE 243

Date Originated: 07/09/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name: Senyk, Zachary

Position Title: MIS Unpaid - Intern

Employee Address [redacted] Town State Zip

Account No.

Department: Administration

Division: MIS

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/08/2024

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◉ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $0.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $0.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/02/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Joseph Sepede	Pool-Assistant Manager

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $25.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $25.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Robert Shannon	Lake Lifeguard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emma Sheldon	Lake-Gate Guard

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

Date Originated: 12/06/2022
Originated By: Debbie Esposito

ORA 24-1291 WAYNE 247

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Employee Name	Position Title
Sherlock, Patrick	PT Temp Electrical Inspector

Employee Address	Town	State	Zip	Account No.
[redacted]				725

Department	Division	Phone
DPW		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 12/07/2022

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $50.00
Present Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $50.00

Change Date 1:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
12/07/2022

Change Date 2:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 3:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 4:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

Change Date 5:
Change Description:
New Base Salary: $
Longevity %
Shift Diff. / Bur. %
Grade:
Other: $
Total $0.00

4-11-2023

OPRA 24-1291 WAYNE 248

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4035

Date Originated: 03/22/2023 already active
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emma Sillen	Lifeguard-Pool

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

3138

township of Wayne

Date Originated: 12/07/2022
Originated By: Debbie Esposito

OPRA 24-1291 WAYNE 249

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Silvestro-Roca, Barbara	Executive Secretary

Employee Address	Town	State	Zip	Account No.
[redacted]				703

Department	Division	Phone
Office of the Mayor		

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual X _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $73,998.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other:
Other Description:
Total $73,998.00

Change Date 1: 01/01/2023
Change Description:
Ne Base Salary
New Base Salary: $78,998.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other:
Total $78,998.00

Continuous Fulltime Employment: 02/04/2013
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2: 01/01/2023
Change Description:
2023-2%
New Base Salary: $80.578.00
Longevity %
Shift Diff. / Bur. %
Grade: E8
Other:
Total $80,578.00

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 250

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emily Simone	Pool Lifeguard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Urvi Sinha	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 252

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alyssa Slavin	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Andrew Slavin	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Marley Smith	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4097

W 04-03-23

Date Originated: 03/21/2023 Wrong effective

OPRA 24-1291 WAYNE 255

Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: ____

JOB CATEGORY: ____

W/C Code: _____

Employee Name	Position Title
Gavin Sonnet	Maintenance Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $14.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Mia Soto	Pool Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Olivia Sproviero	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 258

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alexander Stavenas	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-21-23 (1/2 ✓

township of Wayne

OPRA 21-1291 WAYNE 259

Date Originated: 06/13/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY

EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4379

Employee Name	Position Title
Weronkia Telma	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/31/2023 (WR 5-25-23)

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-21-23 VG ✓

township of Wayne

OPRA 24-1091 WAYNE 260

Date Originated: 05/31/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4190

Employee Name	Position Title
Vivian Testa	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/31/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Natale Thompson	P/T Kennel Help

Employee Address	Town	State	Zip	Account No.
[redacted]				510

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other Min. Wage Increase
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $14.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $14.13

Change Date 1: 01/01/2024
Change Description:
Minimum Wage Increase
New Base Salary: $15.13
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $15.13

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
10/04/2021

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/03/2024
Originated By: Debbie Esposito

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Tietjen, Christopher

Position Title: Business Administrator

Employee Address [redacted] Town State Zip

Account No.: 701

Department: Administration

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/06/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other X _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $183,400.00
Longevity %
Shift Diff. / Bur. %
Grade: E15
Other:
Other Description:
Total $183,400.00

Change Date 1: 07/06/2024
Change Description:
Pay adjustment
New Base Salary: $197,500.00
Longevity %
Shift Diff. / Bur. %
Grade: E15
Other:
Total $197,500.00

Continuous Fulltime Employment: 02/22/2022
Anniversary: 01/01/3000

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Dominic Tirella	Maintenance-Lake

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $15.25	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Nicholas Tirella	Maintenance-Lake

Employee Address [redacted] Town State Zip

Account No. 596

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Amelia Titus	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/19/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Alyssa A. Torres	PT - Animal Control Officer

Employee Address	Town	State	Zip	Account No.
[redacted]				

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/20/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $25.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $25.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
06/20/2024

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/22/2023
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Claudio Tundo	PT Building Maintenance Worker

Employee Address [redacted] Town State Zip

Account No.

Department: Administration
Division: Building Maintenance
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 03/27/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
03/27/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

6-28-23 CJ

OPRA 24-1291 WAYNE 268

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4380

Date Originated: 05/31/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Giabella Turano	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/31/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 269

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: June 2, 2022

Originated By: Sharyn Matthews (dme)

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: ____

Date of Birth: [redacted]

Social Security: _____

1. Employee Name
Turner, Barry

2. Position Title
PT - FIRE INSPECTOR

3. Employee Address [redacted] Town State Zip

4. Account No.
752

5. Department
FIRE BUREAU

Division

Phone [redacted]

6. EFFECTIVE Date or Inclusive Dates of Action: July 5, 2022

7. APPOINTMENT X

Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

- ☐ Temporary
- ☐ Seasonal
- X Part-Time
- ☐ Re-employment
- ☐ Return from Military Service
- ☐ Appointment Term

Start Salary _$26.00 p/h

8. SEPARATION

- ☐ Resignation
- ☐ Left Job
- ☐ Dismissed
- ☐ Lay-Off
- ☐ Termination of Appointment
- ☐ Retirement
- ☐ Death
- ☐ Other – see comments below

9. IN-SERVICE CHANGE

- ☐ Disability/Extended sick leave
- ☐ Suspension – No. of Days___
- Leave of Absence without pay
- ☐ Leave of Absence with pay
- ☐ New Job Title
- ☐ Promotion
- ☐ Demotion
- ☐ Change of Address or Phone
- ☐ Transfer from:
- ☐ Pay Increase

Annual_____ Longevity _____

Promotion _____ Other_____

- ☐ Job Category: From_____ To_____

Other – see comments below:

Present Base Salary $	New Base Salary
Longevity %	Longevity %
Shift Diff. /Bur. -%	Shift Diff. /Bur. %
Other	Other
Total $	Total
Grade	Grade

Continuous Fulltime Employment :
Anniversary ----
New Employees Minimum
Probation – 6 months
Probation Period ends_
Part-Time Employment from : 7/5/2022

Comments: Employee to replace Brian Fusco. Employee considered part time. Employee to continue his benefits from his PBA retirement.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY Sharyn Matthews
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY _____
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of Wayne

OPRA 24-1291 WAYNE 270

Date Originated: 06/27/2023
Originated By: Sharyn Matthews

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
Kyle Turner	PT Dispatcher

Employee Address [redacted] Town State Zip

Account No.

Department: Police
Division: Communications
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2023

APPOINTMENT
- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION
- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE
- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $17.75
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $18.00

Change Date 1: 07/01/2023
Change Description:
Hourly Rate Increase
New Base Salary: $20.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $20.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Emily Valenzuela	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/09/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00	Change Date 1:
Present Base Salary:	Change Description:
Longevity %	
Shift Diff. / Bur. %	New Base Salary:
Grade:	Longevity %
Other:	Shift Diff. / Bur. %
Other Description:	Grade:
	Other:
Total $17.00	**Total** $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 272

4-13-23 CA already active

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

4219

Date Originated: 03/23/2023
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Dominic Valenzuela	Lifeguard-Pool

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $16.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $16.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

TOWNSHIP OF WAYNE, NEW JERSEY

NOTICE OF
PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

Date Originated: December 4, 2017

Originated By: Paul Margiotta, Township Clerk

OPRA 24-1291 WAYNE 273

FOR OFFICE USE ONLY

EEOC-GROUP: B – C – D – E – F – G – H – I – J - K

JOB CATEGORY: 1 – 2 – 3 – 4 – 5 – 6 - 7 - 8

W/C Code: _____

Date of Birth: _____

Social Security: _____

1. Employee Name
David Varano

2. Position Title
Councilman at Large

3. Employee Address [redacted] Town State Zip

4. Account No.
704

5. Department
Office of the Clerk

Division

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: January 1, 2018

7. APPOINTMENT

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

☐ Temporary
☐ Seasonal
☐ Part-Time
☐ Re-employment
☐ Return from Military Service
☐ Appointment Term

Start Salary $9,000.00

8. SEPARATION

☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE XX☐

☐ Disability/Extended sick leave
☐ Suspension – No. of Days____
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
☐ Pay Increase
Annual_____ Longevity _____
Promotion_____ Other_____
☐ Job Category: From_____ To_____
☐XX Other – see comments below:

Present Base Salary $0	New Base Salary $9000.00
Longevity % _____	Longevity % _____
Shift Diff. /Bur. % _____	Shift Diff. /Bur. % _____
Other _____	Other _____
Total $0	Total $9000.00
Grade_____	Grade_____

Continuous Fulltime Employment_____

Anniversary _____

New Employees Minimum Probation – Six Months

Probation Period ends_____

Part-Time Employment from _____

Comments:

Elected Councilman at Large on November 7, 2017

Term begins January 1, 2018

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY _____
Department Head

APPROVED BY _____
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY _____
Mayor

ACKNOWLEDGED BY _____
Employee Signature

APPROVED BY _____
Chief Financial Officer

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 06/24/2024
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Judy Ventrella	PT - Local Health Outreach Coordinator

Employee Address [redacted] Town State Zip

Account No. 652

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◯ Seasonal
- ◉ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary:
Present Base Salary: $39.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $39.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/24/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Christian Vivino	Pool Gate Guard

Employee Address [redacted] Town State Zip

Account No. 595

Department: Parks and Recreation
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

OPRA 24-1291 WAYNE 276

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 02/09/2023
Originated By: Lori Ellicott, CMCA

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ray Vivino	Judge

Employee Address [redacted] Town State Zip

Account No. 855011

Department: Municipal Court / Violations
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 12/21/2022

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ◉ Appointment Term: 12/21/2(

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $31,085.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $31,085.00

Change Date 1: 12/21/2022
Change Description: Municipal Court Judge
New Base Salary: $46,352.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $46,352.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
09/29/2006

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/29/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Matthew Volpe

Position Title: Lake Maintenance

Employee Address [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division

Phone [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 06/03/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $15.25

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 278

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/25/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Olivia VonLindern	Lake Gate Guard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 04/01/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Nadiya Vorobets	Pool Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				595

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ○ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:

Total $17.00

Change Date 1:
Change Description:

New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:

Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

OPRA 24-1291 WAYNE 280

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 07/09/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Hannah Wallace

Position Title: Lake-Gate Guard

Employee Address: [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 07/09/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $15.25
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.25

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/13/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Sofia Wallace

Position Title: Lake Lifeguard

Employee Address: [redacted] Town State Zip

Account No.: 596

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/18/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

TOWNSHIP OF WAYNE, NEW JERSEY

Date Originated: June 2, 2022
Originated By: Mayor C. Vergano

OPRA 24-1291 WAYNE 282

FOR PERSONNEL OFFICE USE ONLY

Gender: Male ☐ Female ☐ D.O.B.:_____

EEO Ethnic Code: W – B – H – A/PI – AI/A

EEOC4 Code: 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 - 9

Social Security:_____

Workers Comp. Code:_____

NOTICE OF PERSONNEL OR PAYROLL CHANGE

("PERSONNEL STATUS FORM")

1. Employee Name
WEISS, PETER

2. Position Title
Chief Municipal Court Judge

3. Employee Address [redacted] Town State Zip

4. Account No.
855-011

5. Department
MUNICIPAL COURT

Phone

6. EFFECTIVE Date or Inclusive Dates of Action: 1/01/2022 – 12/31/2024

7. APPOINTMENT X

☐ Permanent – subject to satisfactory completion of probationary period. Fingerprint and physical examinations.

☐ Temporary
☐ Seasonal
☐ Part-Time
☐ Re-employment
☐ Return from Military Service
x Appointment Term – 3 year 1/2019-12/31/2021

8. SEPARATION ☐

☐ Resignation
☐ Left Job
☐ Dismissed
☐ Lay-Off
☐ Termination of Appointment
☐ Retirement
☐ Death
☐ Other – see comments below

9. IN-SERVICE CHANGE

☐ Disability/Extended sick leave
☐ Suspension – No. of Days____
☐ Leave of Absence without pay
☐ Leave of Absence with pay
☐ New Job Title
☐ Promotion
☐ Demotion
☐ Change of Address or Phone
☐ Transfer from:
Pay Increase
Annual _____ Longevity _____
Promotion_____ Other_____
☐ Job Category: From_____ To_____
☐ Other – see comments below:

Present Base Salary $48,727
Longevity %
Shft Dif/Bur%
Other

Total $48,727

Grade

New Base Salary $
Longevity %
Shft Dif/Bur%
Other

Total $

Grade

Continuous Fulltime Employment_____
Anniversary _____
New Employees Minimum Probation – Six Months
Probation Period ends_____
Part-Time Employment from ___1/1/02___

Comments: Three year term as per Resolution No. 83 of 2022.

This change is in accordance with State Statutes, the Administration Code, the classification and Pay Plan, and other rules and policies governing Township Employees.

REQUESTED BY___Mayor Christopher Vergano_____
Department Head

APPROVED BY _____
Director of Personnel

APPROVED BY _____
Business Administrator

APPROVED BY_____
Mayor

APPROVED BY_____
Chief Financial Officer

ACKNOWLEDGED BY_____
Employee

OPRA 24-1291 WAYNE 283

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 03/27/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Ava Wisniewski	Lake Lifeguard

Employee Address	Town	State	Zip	Account No.
[redacted]				596

Department	Division	Phone
Parks and Recreation		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/01/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of wayne

OPRA 24-1281 WAYNE 284

Date Originated: 01/06/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Employee Name	Position Title
John Wozniak	P/T REHS

Employee Address	Town	State	Zip	Account No.
[redacted]				785

Department	Division	Phone
Health		[redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2023

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ○ Seasonal
- ◉ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  Annual annual Longevity _____
  Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $31.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $31.00

Change Date 1: 01/01/2023
Change Description:
2023 increase
New Base Salary: $33.00
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $33.00

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
10/22/2015

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 12/08/2023
Originated By: MaryAnn Orapello

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name	Position Title
Edward A. Yennie	Clean Communities Crew

Employee Address [redacted] Town State Zip

Account No. 352

Department: Health
Division:
Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 01/01/2024

APPOINTMENT

- ○ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ○ Temporary
- ◉ Seasonal
- ○ Part-Time
- ○ Re-employment
- ○ Return from Military Service
- ○ Appointment Term:

SEPARATION

- ○ Resignation
- ○ Left Job
- ○ Dismissed
- ○ Lay-Off
- ○ Termination of Appointment
- ○ Retirement
- ○ Death
- ○ Other - see comments below:

IN-SERVICE CHANGE

- ○ Disability/Extended sick leave
- ○ Suspension - No. of Days ____
- ○ Leave of Absence without pay
- ○ Leave of Absence with pay
- ○ New Job Title
- ○ Promotion
- ○ Demotion
- ○ Change of Address or Phone
- ○ Transfer from:
- ◉ Pay Increase
  - Annual _____ Longevity _____
  - Promotion _____ Other _____
- ○ Job Category: From _____ To _____
- ○ Other - See comments:

Starting Salary:
Present Base Salary: $15.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $15.50

Change Date 1: 01/01/2024
Change Description: annual pay increase
New Base Salary: $16.50
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $16.50

Continuous Fulltime Employment:
Anniversary:

New Employees
Minimum Probation Period:
Probation Period Ends:

Part-time Employment From:
03/13/2023

Change Date 2:	Change Date 3:	Change Date 4:	Change Date 5:
Change Description:	Change Description:	Change Description:	Change Description:
New Base Salary:	New Base Salary:	New Base Salary:	New Base Salary:
Longevity %	Longevity %	Longevity %	Longevity %
Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %	Shift Diff. / Bur. %
Grade:	Grade:	Grade:	Grade:
Other:	Other:	Other:	Other:
Total	**Total**	**Total**	**Total**

township of Wayne

NOTICE OF
PERSONNEL OR PAYROLL CHANGE
("PERSONNEL STATUS FORM")

Date Originated: 05/03/2024
Originated By: Tim Roetman

FOR OFFICE USE ONLY
EEOC-GROUP: ____
JOB CATEGORY: ____
W/C Code: _____

Employee Name: Zachary Zardezed

Position Title: Pool Lifeguard

Employee Address: [redacted] Town State Zip

Account No.: 595

Department: Parks and Recreation

Division:

Phone: [redacted]

EFFECTIVE Date or Inclusive Dates of Action: 05/06/2024

APPOINTMENT

- ◯ Permanent - subject to satisfactory completion of probationary period. Fingerprint and physical examinations.
- ◯ Temporary
- ◉ Seasonal
- ◯ Part-Time
- ◯ Re-employment
- ◯ Return from Military Service
- ◯ Appointment Term:

SEPARATION

- ◯ Resignation
- ◯ Left Job
- ◯ Dismissed
- ◯ Lay-Off
- ◯ Termination of Appointment
- ◯ Retirement
- ◯ Death
- ◯ Other - see comments below:

IN-SERVICE CHANGE

- ◯ Disability/Extended sick leave
- ◯ Suspension - No. of Days ____
- ◯ Leave of Absence without pay
- ◯ Leave of Absence with pay
- ◯ New Job Title
- ◯ Promotion
- ◯ Demotion
- ◯ Change of Address or Phone
- ◯ Transfer from:
- ◯ Pay Increase
  Annual _____ Longevity _____
  Promotion _____ Other _____
- ◯ Job Category: From _____ To _____
- ◯ Other - See comments:

Starting Salary: $17.00
Present Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Other Description:
Total $17.00

Change Date 1:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total $0.00

Continuous Fulltime Employment:
Anniversary:
New Employees
Minimum Probation Period:
Probation Period Ends:
Part-time Employment From:

Change Date 2:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 3:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 4:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total

Change Date 5:
Change Description:
New Base Salary:
Longevity %
Shift Diff. / Bur. %
Grade:
Other:
Total