PENSION FUND

Pension No.
2026
Pension Entry Date

TOWNSHIP OF CRANFORD
PAYROLL ACTION FORM

ADP File #	
Date	02/25/2026

SECTION 1

IDENTITY

NAME: Last	First	Initial	Date of Birth	Social Security	Telephone
CORBISIERO	JOSEPH	A	[redacted]	[redacted]	[redacted]

MAILING ADDRESS: Street	City	State	Zip	Resident of: City, Township, or Borough
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SPOUSE NAME	Date of Birth

SECTION 2

APPOINT

Department	Bureau	Effective Date	Account Code

Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly

Authorization	Date	O/T

SECTION 3

PAY CHANGE OR TRANSFER

FROM

Department	Bureau	Account Code

Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly

TO

Department	Bureau	Effective Date	Account Code

Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly

SECTION 4

TERMINATE

Department	Bureau	Effective Date	Account Code
POLICE DEPARTMENT	TRAFFIC	03/01/2026	

Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly
FOREMAN		40		X	[redacted]	[redacted]	[redacted]

Reason for Termination: RETIRED EFFECTIVE 03/01/2026

Status of Position	CHECK BOX Resignation	Layoff	No Action	Sick Leave Overdrawn Days	Unused Sick Leave Earned Days	Vacation Leave Overdrawn Days	Terminal Leave Earned Days	Unused Earned Vacation Leave Days

SECTION 5

APPROVALS

Employee: JOSEPH CORBISIERO	Signature: [signature]	Date: 2/25/26
Department Head: CHIEF MATTHEW R NAZZARO	Signature: [signature]	Date: 2/24/26
Township Administrator: LAVONA PATTERSON	Signature: [signature]	Date: 3/3/26

TREASURER'S OFFICE

	Signature:	Date:
	Signature:	Date:

REMARKS

[redacted]

Sick Pay: 1014.5 hours/(8)(4) = 31.703125 x $355.92 = $11,283.78

[redacted]

PENSION FUND

Pension No.
2025
Pension Entry Date

TOWNSHIP OF CRANFORD
PAYROLL ACTION FORM

ADP File #	
Date	11/24/2025

SECTION 1

IDENTITY

NAME: Last	First	Initial	Date of Birth	Social Security	Telephone
SWANDRAK	JOHN	J.	[redacted]	[redacted]	[redacted]
MAILING ADDRESS: Street	**City**	**State**	**Zip**	**Resident of: City, Township, or Borough**	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
SPOUSE NAME				**Date of Birth**	

SECTION 2

APPOINT

Department	Bureau		Effective Date		Account Code	
Position Title	**Position No.**	**Reg. Work Week**	**CHECK**	**Annual**	**Bi-Weekly**	**Hourly**
		Hrs.	Salary / Hourly			
Authorization			**Date**			**O/T**

SECTION 3

PAY CHANGE OR TRANSFER

	Department	Bureau			Account Code	
FROM						
	Position Title	**Position No.**	**Reg. Work Week**	**CHECK** / **Annual**	**Bi-Weekly**	**Hourly**
			Hrs.	Salary / Hourly		
	Department	**Bureau**		**Effective Date**	**Account Code**	
TO						
	Position Title	**Position No.**	**Reg. Work Week**	**CHECK** / **Annual**	**Bi-Weekly**	**Hourly**
			Hrs.	Salary / Hourly		

SECTION 4

TERMINATE

Department	Bureau	Effective Date	Account Code	
POLICE	PATROL	12/01/2025		
Position Title	**Position No.**	**Reg. Work Week**	**CHECK** / **Annual**	**Bi-Weekly** / **Hourly**
LIEUTENANT		40 Hrs.	Salary / Hourly [redacted]	[redacted] [redacted]
Reason for Termination				
RETIREMENT				

Status of Position (CHECK BOX: Recruit / Abolish / No Action)	Sick Leave Overdrawn	Unused Sick Leave Earned	Vacation Leave Overdrawn	Terminal Leave Earned	Unused Earned Vacation Leave
	Days	Days	Days	Days	Days

SECTION 5

APPROVALS

Employee JOHN SWANDRAK	**Signature**	**Date** 1/24/25
Department Head CHIEF MATTHEW R NAZZARO	**Signature**	**Date** 1/24/25
Township Administrator LAVONA PATTERSON	**Signature**	**Date** 1/26/25

TREASURER'S OFFICE

	Signature	**Date**
	Signature	**Date**

REMARKS

[redacted]

Sick Pay: 847.75 hours/(10)(4) = 21.19375 x 574.77 = $12,181.53 [redacted]

PENSION FUND

Pension No.
2026
Pension Entry Date

TOWNSHIP OF CRANFORD
PAYROLL ACTION FORM

ADP File #	
Date	04/20/2026

SECTION 1

IDENTITY						
NAME: Last	First	Initial	Date of Birth	Social Security	Telephone
WILDE	STEPHEN	D	[redacted]	[redacted]	[redacted]
MAILING ADDRESS: Street	City	State	Zip	Resident of: City, Township, or Borough	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
SPOUSE NAME				Date of Birth	

SECTION 2

APPOINT								
Department	Bureau			Effective Date		Account Code		
Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly	
			☐	☐				
Authorization				Date		O/T		

SECTION 3

PAY CHANGE OR TRANSFER									
FROM	Department	Bureau				Account Code			
	Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly	
				☐	☐				
TO	Department	Bureau		Effective Date		Account Code			
	Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly	
				☐	☐				

SECTION 4

TERMINATE									
Department		Bureau		Effective Date		Account Code			
POLICE		PATROL		05/01/2026					
Position Title	Position No.	Reg. Work Week Hrs.	CHECK Salary	CHECK Hourly	Annual	Bi-Weekly	Hourly		
LIEUTENANT		40	☒	☐	[redacted]	[redacted]	[redacted]		
Reason for Termination									
Retired effective 05/01/2026									
Status of Position	CHECK BOX Recruit	Abolish	No Action	Sick Leave Overdrawn Days	Unused Sick Leave Earned Days	Vacation Leave Overdrawn Days	Terminal Leave Earned Days	Unused Earned Vacation Leave Days	
	☐	☐	☐						

SECTION 5

APPROVALS			
Employee	Signature	Date
STEPHEN WILDE	SW	4/20/26
Department Head	Signature	Date
CHIEF MATTHEW R NAZZARO	[signature]	4/20/26
Township Administrator	Signature	Date
LAVONA PATTERSON	[signature]	4/20/26
TREASURER'S OFFICE	Signature	Date
	Signature	Date

REMARKS

[redacted]

Sick Pay: 491 hours/(10)(4) = 12.275 x $602.28 = $7,392.99

[redacted]