



CITY OF HOBOKEN
OFFICE OF THE CLERK
FAX SHEET

FAX
732-280-
6954

TO: Mitesh M. Patel

FROM: APC

DATE: 10/15/10

PAGES TO FOLLOW: 27 pp.

FAX NUMBER IS 201-420-2085

OUR PHONE NUMBER IS 201-420-2026/2074



**CITY OF HOBOKEN
PERSONNEL & BENEFITS DIVISION
DEPARTMENT OF ADMINISTRATION
94 Washington Street
Hoboken, NJ 07030-4585**

DAWN ZIMMER
Mayor

Arthur M. Liston
Business Administrator
Michael J. Korman
Personnel Officer

MEMO

RECEIVED
2010 OCT 15 PM 1:48
CITY CLERK
HOBOKEN, NJ 07030

To: Mark Tabakin, Corporation Counsel
From: Michael J. Korman
Date: October 14, 2010
Re: OPRA Request 10-1695

I am submitting for your review the documents requested by the above referenced OPRA Request.

Specifically, attached are:

1. Employee Action Forms effectuating salary increases for City employees Arch Liston, Juan Melli and Daniel Bryan.
2. The Salary Ordinance adopted by the Hoboken City Council on July 14, 2010.
3. Retirement applications submitted by City employees now scheduled to retire.

Please note that the City, as a Civil Service jurisdiction, does not maintain job descriptions – which are available via the Civil Service website.

These documents HAVE NOT been released to the requestor. By way of this memo, I am informing the Clerk's Office that the requested documents are being submitted to your office for review and a decision whether to release such documents.

It is my understanding that if approved for release, such release would occur either through your office or the City Clerk's Office.

CITY OF HOBOKEN
Department of Administration

EMPLOYEE ACTION FORM

DAWN ZIMMER
Mayor

ARCH LISTON
Business Administrator

EMPLOYEE

First Name Juan Last Name Melle
Title _____

ACTION REQUESTED BY DIRECTOR _____ ACTION EFFECTIVE DATE _____

*HIRING START DATE _____ SALARY \$ _____ FT / PT _____
Provisional _____ Seasonal _____ Temporary _____ Unclassified _____

*SALARY ADJUSTMENT Amt. \$ +15,000 New Base \$ 75,000 Longevity % _____
Contractual _____ or Negotiated _____ Attach documentation, if applicable

TRANSFER Within Department _____ To New Division Effective July 1, 2010

*To New Department: (requires consent of employee and memo of consent from receiving Director)

Specify New Dept. and Division _____

CHANGE OF ADDRESS / Phone _____

*PROMOTION or Title Change **New Title _____ Provisional _____

**Check with Personnel Officer **Appointment via Certification _____

**LEAVE REQUEST (attach documentation for any) Utilize Sick, MORE THAN 5 DAYS _____

Extended Paid Medical Leave _____ Family Leave _____ Disability _____ Military _____

*TERMINATION Reason _____ (attach resignation letter)

Resignation: IN GOOD STANDING _____ NOT IN GOOD STANDING _____

APPROVAL: DIRECTOR (signature) _____ Dept. _____

*Requires Personnel Division action.

No action will be taken until the Business Administrator has signed off on it.

APPROVAL: BUSINESS ADMINISTRATOR [Signature] Date: 7/5/10

1 217/10

CITY OF HOBOKEN
Department of Administration

EMPLOYEE ACTION FORM

DAWN ZIMMER
Mayor

ARCH LISTON
Business Administrator

EMPLOYEE

First Name Dorel Last Name BRYAN
Title Confidential Clerk

ACTION REQUESTED BY DIRECTOR ACTION EFFECTIVE DATE

*HIRING START DATE _____ SALARY \$ _____ FT / PT _____
Provisional _____ Seasonal _____ Temporary _____ Unclassified _____

*SALARY ADJUSTMENT Amt. \$ _____ New Base \$ 46,100 Longevity % _____
Contractual _____ or Negotiated _____ Attach documentation, if applicable
retire to 7/1/10

TRANSFER Within Department _____ To New Division _____

*To New Department: (requires consent of employee and memo of consent from receiving Director)
Specify New Dept. and Division _____

CHANGE OF ADDRESS / Phone _____

*PROMOTION or Title Change **New Title _____ Provisional _____

**Check with Personnel Officer **Appointment via Certification _____

*LEAVE REQUEST (attach documentation for any) Utilize Sick, MORE THAN 5 DAYS _____
Extended Paid Medical Leave _____ Family Leave _____ Disability _____ Military _____

*TERMINATION Reason _____ (attach resignation letter)
Resignation: IN GOOD STANDING _____ NOT IN GOOD STANDING _____

APPROVAL: DIRECTOR (signature) _____ Dept. _____

*Requires Personnel Division action.
No action will be taken until the Business Administrator has signed off on it.

APPROVAL: BUSINESS ADMINISTRATOR [Signature] Date: 7/15/10

CITY OF HOBOKEN
Department of Administration
EMPLOYEE ACTION FORM

DAWN ZIMMER
Mayor

ARCH LISTON
Business Administrator

EMPLOYEE

First Name

Arch

Last Name

Liston

Title

Business Administrator

Retire

ACTION REQUESTED BY DIRECTOR

ACTION EFFECTIVE DATE

8/4/10 8/3/10

*HIRING

START DATE

SALARY \$

FT / PT

Provisional

Seasonal

Temporary

Unclassified

*SALARY ADJUSTMENT Amt. \$

New Base \$

150,000

Longevity %

Contractual

or Negotiated

Attach documentation, if applicable

TRANSFER

Within Department

To New Division

*To New Department: (requires consent of employee and memo of consent from receiving Director)

Specify New Dept. and Division

CHANGE OF ADDRESS / Phone

*PROMOTION or Title Change

**New Title

Provisional

**Check with Personnel Officer

**Appointment via Certification

**LEAVE REQUEST (attach documentation for any)

Utilize Sick, MORE THAN 5 DAYS

Extended Paid Medical Leave

Family Leave

Disability

Military

*TERMINATION

Reason

(attach resignation letter)

Resignation: IN GOOD STANDING

NOT IN GOOD STANDING

APPROVAL: DIRECTOR (signature)

Dept.

*Requires Personnel Division action.

No action will be taken until the Business Administrator has signed off on it.

8/21/10

8/3/10 mepagan

APPROVAL: BUSINESS ADMINISTRATOR

Date:

7/21/10

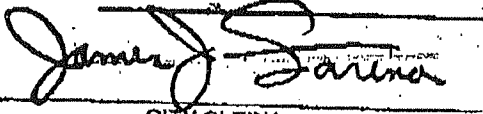
A TRUE COPY OF A ORDINANCE ADOPTED BY
THE COUNCIL OF THE CITY OF HOBOKEN, N.J.
AT A MEETING HELD ON:

JUL 14 2010

1st reading
6-16-10

Sponsored by:

Seconded by:


CITY CLERK

CITY OF HOBOKEN
ORDINANCE NO. 2-47

AN ORDINANCE TO AMEND AN ORDINANCE ESTABLISHING A SCHEDULE OF CLASSIFICATIONS AND ALLOCATIONS OF TITLE FOR ALL POSITIONS IN THE CITY OF HOBOKEN AND DESIGNATING THE APPROPRIATE STANDARDIZED TITLE FOR EACH POSITION

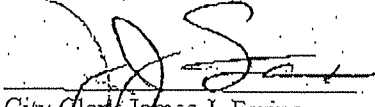
THE MAYOR AND COUNCIL OF THE CITY OF HOBOKEN DO ORDAIN AS FOLLOWS;

1. The Alphabetical List of Titles, City of Hoboken, set forth in City Code to which this Ordinance is an amendment shall be, and the same is hereby, amended so that the titles, salaries and ranges contained therein shall be established as follows on the attached list, which is incorporated by reference.
2. If the Alphabetical List of Titles, City of Hoboken, herein set forth contains any position or positions which are not enumerated in the Plan for the Standardization of Municipal Class Titles, which is a part of the Code to which this Ordinance is an amendment, then in that event, the duties of the said position or positions shall be those which pertain to the particular position and positions set forth in any other ordinance adopted and now in force and effect in any statute of the State of New Jersey.
3. The provisions of this Ordinance shall in no way affect the tenure or Civil Service status of any employees presently employed by the City of Hoboken in any of the various positions set forth in the Alphabetical List of Titles, City of Hoboken.
4. The Alphabetical List of Titles referred to herein as well as the salary ranges for all positions in the City shall be on file in the Office of the City Clerk.
5. All ordinances or parts of ordinances inconsistent herewith are herewith repealed.
6. This ordinance shall take effect as provided by law.

Date: June 16, 2010

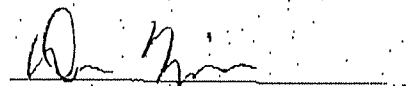
Adopted:

7-14-10

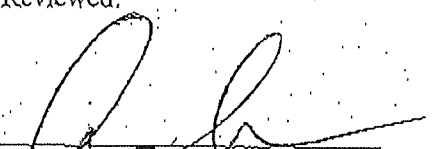

City Clerk James J. Farina

Approved:


7-15-10


Mayor Dawn Zimmer

Reviewed:


Arthur Liston, Business Administrator

Approved as to form:


Michael B. Kates, Corporation Counsel

Title	Minimum	Max. 01/01/08
Additional Municipal Court Judge	\$24,000.00	\$62,922.78
Administrative Clerk	\$31,500.00	\$53,949.89
Administrative Clerk (40 hour week)	\$35,500.00	\$61,256.22
Administrative Secretary	\$38,000.00	\$68,121.25
Administrative Secretary (40 hour week)	\$40,000.00	\$69,493.97
Administrator, Cultural & Heritage Affairs	\$40,000.00	\$70,000.00
Aide to the Mayor	\$20,000.00	\$65,000.00
Assessor	\$62,000.00	\$106,947.46
Assessor Trainee	\$25,000.00	\$50,000.00
Assistant Assessor	\$41,000.00	\$71,020.55
Assistant City Attorney (Zoning)	\$40,000.00	\$61,869.97
Assistant Comptroller	\$54,000.00	\$90,000.00
Assistant Corporation Counsel	\$35,000.00	\$56,301.84
Assistant Health Officer	\$35,000.00	\$76,500.00
Assistant Library Director	\$45,000.00	\$85,968.66
Assistant Payroll Supervisor	\$50,000.00	\$65,000.00
Assistant Superintendent Recreation	\$27,000.00	\$66,832.44
Assistant Violations Clerk	\$29,000.00	\$50,291.88
Assistant Zoning Officer	\$21,000.00	\$56,624.00
Assistant Zoning Officer P/T	\$2,000.00	\$12,860.93
Assistant Superintendent, Water/Sewer	\$38,000.00	\$65,953.39
Building Inspector	\$50,000.00	\$65,000.00
Building Service Supervisor	\$28,000.00	\$63,030.54
Business Administrator	\$62,432.00	\$150,000.00
Chief Financial Officer	\$50,000.00	\$110,821.33
Chief Financial Officer P/T	\$10,000.00	\$16,086.18
Chief Field Rep. Property Improvement	\$38,000.00	\$65,835.96
Chief Fire Alarm Operator	\$25,000.00	\$51,463.08
City Attorney	\$50,000.00	\$109,317.90
City Clerk	\$56,000.00	\$110,821.33
Confidential Aide to Mayor	\$28,840.00	\$90,026.51
Confidential Assistant to Mayor	\$28,840.00	\$70,000.00
Construction Code Official	\$60,000.00	\$114,265.83
Coordinator of Maintenance Services	\$33,500.00	\$57,646.48
Coord. of Housing/Neigh. Preservation	\$42,000.00	\$73,414.16
Cultural Affairs Coordinator	\$20,000.00	\$39,444.95
Deputy City Clerk	\$35,500.00	\$79,231.00
Deputy Court Administrator	\$30,000.00	\$58,592.36
Deputy Mun. Emergency Mgmt. Coord.	\$30,000.00	\$97,614.59
Electrical Sub-Code Official	\$45,000.00	\$77,165.58
Elevator Inspector	\$45,000.00	\$77,165.58
Elevator Sub-Code Official	\$45,000.00	\$77,165.58
Emergency Management Coordinator	\$10,000.00	\$16,086.18
Environmental Health Specialist	\$21,000.00	\$61,138.36
Environmental Health Specialist P/T	\$25.00 / hour	
Fire Sub Code Official	\$49,000.00	\$83,937.33
General Supv. Env. Services	\$42,000.00	\$79,784.53
Health Officer	\$56,000.00	\$96,517.17
Management Specialist	\$35,000.00	\$67,560.02
Management Info. Systems Specialist	\$40,000.00	\$69,348.15
Mechanic Supervisor	\$34,000.00	\$58,521.58

Municipal Court Administrator	\$34,000.00	\$94,169.34
Municipal Court Director	\$37,000.00	\$78,638.98
Municipal Court Judge	\$41,284.00	\$94,169.34
Municipal Prosecutor	\$32,500.00	\$58,553.74
Parks Superintendent	\$43,000.00	\$74,287.66
Payroll Supervisor	\$42,000.00	\$78,818.34
Personnel Officer	\$35,000.00	\$88,261.28
Plumbing Sub-Code Official	\$48,500.00	\$83,524.34
Program Monitor	\$28,840.00	\$90,026.51
Project Coordinator, Construction	\$31,000.00	\$47,949.22
Public Defender	\$20,800.00	\$60,911.93
Public Information Officer	\$40,000.00	\$64,304.65
Purchasing Agent	\$55,000.00	\$94,909.00
Recreation Superintendent	\$41,000.00	\$70,779.25
Rent Regulation Officer	\$37,500.00	\$64,308.96
Right to Know Project Specialist	\$3,000.00	\$8,043.08
Senior Rep. Citizen Complaints	\$35,000.00	\$72,387.87
Signal System Superintendent	\$45,000.00	\$77,224.56
Signal Systems Technician 3	\$42,000.00	\$72,388.00
Supervising Accountant	\$38,505.00	\$69,037.12
Supervising Laborer	\$33,500.00	\$64,498.00
Supervising Maint. Repairer Carpenter	\$43,500.00	\$74,823.34
Supervising Parking Enforcement Officer	\$22,000.00	\$48,137.88
Supervisor of Accounts	\$45,526.00	\$70,417.31
Supervisor Senior Citizens Activities	\$38,000.00	\$65,835.97
Tax Collector	\$56,000.00	\$110,821.33
Transportation Inspector	\$20,600.00	\$38,000.00
Transportation Supervisor	\$30,000.00	\$48,602.11
Treasurer	\$2,500.00	\$16,086.18
Violations Clerk	\$32,000.00	\$55,276.56
Water & Sewer Superintendent	\$52,000.00	\$89,611.36
Zoning Officer	\$44,500.00	\$76,739.19
Account Clerk	\$20,000.00	\$40,990.13
Account Clerk Typing	\$20,000.00	\$42,445.25
Accounting (degree)	\$28,000.00	\$57,105.56
Agency Aide	\$20,000.00	\$40,462.79
Agency Aide P/T	Min. to \$12/hr	
Animal Control Officer	\$35,000.00	\$76,500.00
Assessing Clerk	\$20,000.00	\$39,732.47
Building Maintenance Worker	\$20,000.00	\$41,350.05
Buyer	\$35,000.00	\$63,206.12
Clerk	\$20,000.00	\$37,903.46
Clerk P/T	Min. to \$12/hr	
Clerk Stenographer	\$20,000.00	\$44,304.15
Clerk Typist	\$20,000.00	\$43,391.16
Clerk, Bd of Hlth, Registrar of Vital Stats.	\$26,000.00	\$58,934.55
Clerk Typist Bilingual Spanish/English	\$20,000.00	\$28,965.98
Code Enforcement Officer	\$20,600.00	\$32,640.00
Code Enforcement Officer P/T	\$10 to \$14/hr	
Communications Officer	\$20,800.00	\$46,133.16
Community Library Assistant	\$20,000.00	\$38,000.00
Community Service Worker	\$20,000.00	\$40,464.39
Community Service Worker Bilingual	\$20,000.00	\$52,389.09

Community Service Aide P/T	\$9.00 / hour		
Complaint Investigator	\$20,600.00		\$41,743.23
Computer Service Technician	\$26,000.00		\$28,560.00
Coordinator of Safety Programs	\$20,000.00		\$35,700.00
Cost Estimator Property Improvement	\$22,000.00		\$47,817.39
Court Attendant	\$17,500.00		\$25,000.00
Customer Service Representative	\$20,000.00		\$46,197.95
Cust. Serv. Rep. Bilingual	\$20,000.00		\$47,988.45
Deputy Registrar - Vital Statistics	\$20,000.00		\$45,217.86
Employee Benefits Clerk	\$20,000.00		\$35,700.00
Equipment Operator	\$20,800.00		\$49,725.22
Field Rep. Housing Inspection	\$20,000.00		\$35,700.00
Fire Alarm Operator	\$20,800.00		\$46,133.16
Fire Prevention Specialist	\$20,800.00		\$46,133.16
Fire Protection Inspector	\$20,000.00		\$46,133.16
Garage Attendant	\$20,000.00		\$30,770.85
Housing Inspector	\$20,000.00		\$46,103.00
Identification Officer	\$25,000.00		\$60,000.00
Library Associate	\$20,000.00		\$38,817.15
Library Assistant	\$20,000.00		\$37,119.60
Laborer	\$20,000.00		\$40,523.58
Laborer P/T	\$10/hr		
Legal Secretary	\$25,000.00		\$57,410.70
License Inspector P/T	\$11/hr		
Maintenance Repairer	\$20,000.00		\$40,646.16
Mechanic	\$20,800.00		\$45,000.00
Mechanic, Diesel	\$28,000.00		\$52,104.17
Motor Broom Driver	\$20,800.00		\$51,618.55
Omnibus Operator	\$20,000.00		\$40,646.16
Omnibus Operator P/T	\$10/hour		
Park Attendant	\$20,000.00		\$40,523.58
Park Maintenance Worker	\$20,000.00		\$42,475.16
Parking Attendant	\$20,000.00		\$32,000.00
Parking Enforcement Officer	\$20,000.00		\$38,817.15
Permit Clerk	\$20,000.00		\$35,700.00
Police Identification Officer	\$20,000.00		\$58,347.06
Police Records Clerk	\$20,000.00		\$43,860.00
Police Records Clerk, Typing	\$20,000.00		\$45,098.82
Principal Account Clerk	\$20,000.00		\$55,276.19
Principal Account Clerk, Typing	\$22,500.00		\$47,962.16
Principal Assessing Clerk	\$22,500.00		\$47,962.16
Principal Clerk	\$22,000.00		\$46,133.16
Principal Clerk Stenographer	\$25,000.00		\$69,014.99
Principal Clerk Typist	\$22,500.00		\$48,390.00
Principal Employee Benefits Clerk	\$22,500.00		\$47,046.86
Principal Legal Stenographer	\$27,000.00		\$55,276.56
Principal Librarian	\$20,000.00		\$63,240.00
Principal Library Assistant	\$25,000.00		\$49,791.17
Principal Payroll Clerk	\$21,000.00		\$47,962.16
Principal Tax Clerk	\$20,000.00		\$47,962.15
Public Health Investigator	\$21,000.00		\$37,813.38
Public Health Nurse	\$25,000.00		\$65,000.00
Public Safety Telecommunicator	\$20,800.00		\$46,133.15
Public Safety Telecomm. - Trainee	\$20,000.00		\$35,700.00

Public Works Repairer	\$20,000.00	\$42,475.16
Radio Dispatcher	\$20,800.00	\$46,133.16
Recreation Aide	\$20,000.00	\$37,826.26
Recreation Aide P/T	8.50 - 15. / hr	
Recreation Maintenance Worker	\$20,000.00	\$29,857.15
Recreation Supervisor	\$20,000.00	\$46,582.38
Rec. Leader Arts & Crafts P/T	\$8,534.00	\$13,738.78
Rec. Supervisor Cultural Services	\$28,000.00	\$53,095.27
Rep. Citizens Complaints	\$20,000.00	\$59,160.00
Rep. Rent Regulation	\$21,000.00	\$42,475.16
Sanitary Inspector	\$21,000.00	\$63,570.44
Sanitary Inspector P/T	\$25.00 / hour	
Sanitation Worker	\$20,000.00	\$45,217.86
School Traffic Guard	\$10/hr	
Secretarial Assistant	\$20,000.00	\$48,875.87
Secretarial Assistant (40 hour week)	\$21,000.00	\$53,095.27
Secretarial Assistant, Bilingual	\$20,000.00	\$49,215.00
Secretarial Assistant Typing	\$20,000.00	\$49,215.00
Secretary, Board Commission	\$2,000.00	\$56,498.82
Secretary to the Mayor	\$60,000.00	\$90,026.51
Security Guard	\$20,000.00	\$32,367.68
Senior Account Clerk, Typing	\$20,000.00	\$45,656.30
Senior Assessing Clerk	\$20,000.00	\$44,304.15
Senior Assistant Assessor	\$32,000.00	\$73,162.81
Senior Building Maintenance Worker	\$20,000.00	\$46,133.16
Senior Citizen Program Aide P/T	\$8,892.00	\$14,314.66
Senior Clerk	\$20,000.00	\$42,668.13
Senior Clerk - Licensing	\$20,000.00	\$57,376.00
Senior Clerk Stenographer	\$20,600.00	\$46,133.16
Senior Clerk Typist	\$20,000.00	\$43,390.47
Senior Customer Service Representative	\$21,000.00	\$50,121.27
Senior Field Rep. Prop. Improvement	\$25,000.00	\$52,533.86
Senior Guard Public Property	\$20,000.00	\$45,217.86
Senior Health Aide	\$20,000.00	\$41,561.47
Senior Housing Inspector	\$20,000.00	\$60,146.00
Senior Librarian	\$37,000.00	\$61,732.46
Senior Library Assistant	\$20,000.00	\$45,438.56
Senior Maintenance Repairer	\$24,000.00	\$54,362.87
Senior Pgm. Develop. Specialist Aging	\$40,000.00	\$90,026.51
Senior Mechanic	\$24,000.00	\$53,447.55
Senior Signal System Repairer	\$24,000.00	\$52,533.86
Senior Tax Clerk, Typing	\$20,000.00	\$45,299.90
Signal System Technician I	\$20,000.00	\$40,646.16
Signal System Technician II	\$24,000.00	\$54,362.51
Signal System Maintenance Worker	\$20,000.00	\$40,646.16
Senior Community Service Aide	\$20,000.00	\$36,357.58
Senior Rep. Rent Regulation	\$25,000.00	\$46,805.57
Senior Traffic Signal Electrician	\$25,000.00	\$60,446.37
Stable Worker	\$20,000.00	\$28,560.00
Stock Clerk	\$20,000.00	\$48,875.87
Student Assistant	Min. to \$10/hr	
Summer Youth Intern	Min. to \$10/hr	
Supervisor of Customer Service	\$25,000.00	\$59,514.96
Supervising School Traffic Guard	\$20,000.00	\$25,500.00

Technical Asst. to Construction Official	\$25,000.00		\$60,030.35
Tax Clerk	\$20,000.00		\$31,081.93
Timekeeper	\$20,000.00		\$35,000.00
Traffic Maintenance Worker	\$20,000.00		\$40,523.58
Truck Driver	\$20,000.00		\$46,133.16
Fire Fighter	Hired before 07/01/2004		
	7/1/2006		
Step 1	37,298.00		
Step 2	51,388.00		
Step 3	64,373.00		
Step 4	70,831.00		
Step 5	81,365.00		
Step 6	82,210.00		
Fire Fighter	Hired after 07/01/2004		
	7/1/2006		
Step 1	37,298.00		
Step 2	44,066.00		
Step 3	52,583.00		
Step 4	60,919.00		
Step 5	70,831.00		
Step 6	81,365.00		
Step 7	82,210.00		
Fire Captain			
Step 1	\$105,229.00		
Step 2	\$106,873.00		
Step 3	\$108,436.00		
Battalion Fire Chief			
Step 1	\$128,247.00		
Step 2	\$129,892.00		
Step 3	\$131,170.00		
Fire Chief	\$185,000, incl. longevity, per Fiscal Monitor		
Police Division	Min.		Max.
Police Officer	\$34,449.00		\$80,542.00
Police Sergeant	\$82,542.00		\$93,429.00
Police Lieutenant	\$95,429.00		\$106,316.00
Police Captain	\$108,316.00		\$128,868.00
Police Chief	\$153,000 base, not incl. longevity per DCA		

Technical Asst. to Construction Official	\$25,000.00		\$60,030.35
Tax Clerk	\$20,000.00		\$31,081.93
Timekeeper	\$20,000.00		\$35,000.00
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Fire Fighter	Hired after 07/01/2004		
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Step 4	60,919.00		
Step 5	70,831.00		
Step 6	81,365.00		
Step 7	82,210.00		
Fire Captain			
Step 1	\$105,229.00		
Step 2	\$106,873.00		
Step 3	\$108,436.00		
Battalion Fire Chief			
Step 1	\$128,247.00		
Step 2	\$129,892.00		
Step 3	\$131,170.00		
Fire Chief	\$185,000, incl. longevity, per Fiscal Monitor		
Police Division	Min.		Max.
Police Officer	\$34,449.00		\$80,542.00
Police Sergeant	\$82,542.00		\$93,429.00
Police Lieutenant	\$95,429.00		\$106,316.00
Police Captain	\$108,316.00		\$128,868.00
Police Chief	\$153,000 base, not incl. longevity per DCA		

2-47

AN ORDINANCE TO AMEND AN ORDINANCE
ESTABLISHING A SCHEDULE OF
CLASSIFICATIONS AND ALLOCATIONS OF
TITLE FOR ALL POSITIONS IN THE CITY
OF HOBOKEN AND DESIGNATING THE
APPROPRIATE STANDARDIZED TITLE FOR
EACH POSITION.

Introduced, passed first reading
as read and laid on the table for
further consideration of the Council
at its next meeting to be held on
July 14, 2010 at 7 PM

City Clerk
6/16/10

PASSED THIRD AND FINAL READING
7/14/10

RF-0239-0709

POLICE AND FIREMEN'S RETIREMENT SYSTEM CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

- 1. NAME OF MEMBER Jose Rivera
- 2. MEMBERSHIP NO. [REDACTED]
- 3. SOCIAL SECURITY NO. [REDACTED]
- 4a. EMPLOYING AGENCY CITY OF HOBOKEN
- 4b. EMPLOYER LOCATION NO. 23301
- 5. DATE SERVICE TERMINATED 7/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.
- 6. a) Is the member currently on suspension? [REDACTED]
Is suspension [REDACTED]
- b) Is the applicant facing or recently been considered for disciplinary action or indictment? [REDACTED]

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.

[REDACTED]

- 8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.
- | |
|--|
| # <u>12</u> months @ \$ <u>7979.00</u> from <u>8-1-09</u> to <u>7-31-10</u> \$ <u>95748.00</u> TOTAL |
| # _____ months @ \$ _____ from _____ to _____ \$ _____ |
| # _____ months @ \$ _____ from _____ to _____ \$ _____ |
| # _____ months @ \$ _____ from _____ to _____ \$ _____ |

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 95748.00

- 9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.
- 10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	BACK DEDUCTIONS			ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
			LOAN REPAYMENT	NO. PAYMENTS	AMOUNT		
9/30/10	\$ 7979.00	\$ 678.22					\$ 678.22
6/30/10	\$ 23937.00	\$ 2034.65					\$ 2034.65

COMPLETED BY MARIA CORCORAN - Payroll PHONE NUMBER 201-426-2084
E-MAIL ADDRESS mc@hobokennj.org

By signing this statement I am certifying, under penalty of perjury to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 4-27-10

RF-0239-0510

POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY -- SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER FRED STANKIEWICZ JR.
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]
4a. EMPLOYING AGENCY CITY OF Hoboken 4b. EMPLOYER LOCATION NO. 23302

5. DATE SERVICE TERMINATED 10 / 31 / 2010 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]

b) Is the applicant facing or recently been considered for disciplinary action or indictment? [REDACTED] If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	<u>10</u>	months @ \$	<u>10572.50</u>	from	<u>1-1-10</u>	to	<u>10-31-10</u>	\$	<u>105725.00</u>	TOTAL
#	<u>2</u>	months @ \$	<u>10482.00</u>	from	<u>11-1-09</u>	to	<u>12-31-09</u>	\$	<u>20964.00</u>	
#		months @ \$		from		to		\$		
#		months @ \$		from		to		\$		

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 126689.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
<u>12-31-10</u>	<u>\$ 10572.00</u>	<u>\$ 898.65</u>	<u>\$ 1017.28</u>				<u>\$ 1915.93</u>
<u>9-30-10</u>	<u>\$ 31717.00</u>	<u>\$ 2695.95</u>	<u>\$ 3057.84</u>				<u>\$ 5747.79</u>

COMPLETED BY Main Comm Payroll PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 8/16/10

POLICE AND FIREMEN'S RETIREMENT SYSTEM CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER THOMAS F. MOLTA
2. MEMBERSHIP NO. [REDACTED]
3. SOCIAL SECURITY NO. [REDACTED]
- 4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23302
5. DATE SERVICE TERMINATED 10/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.
6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
- b) Is the applicant facing or recently been considered for disciplinary action or indictment [REDACTED] yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.
7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	<u>10</u>	months @ \$	<u>10662.63</u>	from	<u>1-1-10</u>	to	<u>10-31-10</u>	\$	<u>106628.00</u>
#	<u>2</u>	months @ \$	<u>10572.50</u>	from	<u>11-1-09</u>	to	<u>12-31-09</u>	\$	<u>21145.00</u>
#		months @ \$		from		to		\$	
#		months @ \$		from		to		\$	
								TOTAL	<u>127773.00</u>

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 127773.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.
10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
<u>12/31/10</u>	<u>\$ 10663.00</u>	<u>\$ 906.35</u>	<u>\$ 904.22</u>				<u>\$ 1810.57</u>
<u>9/30/10</u>	<u>\$ 31988.00</u>	<u>\$ 2718.98</u>	<u>\$ 2712.66</u>				<u>\$ 5431.64</u>

COMPLETED BY MARIA CORCORAN / PAYROLL PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 8/16/10

RF-0239-0510

POLICE AND FIREMEN'S RETIREMENT SYSTEM CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER CHRISTOPHER LYONS
2. MEMBERSHIP NO. [REDACTED]
3. SOCIAL SECURITY NO. [REDACTED]
- 4a. EMPLOYING AGENCY CITY OF HOBOKEN
- 4b. EMPLOYER LOCATION NO. _____
5. DATE SERVICE TERMINATED 10 / 31 / 10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.
6. a) Is the member currently on suspension [REDACTED] if yes, give date of suspension _____
Is suspension [REDACTED]
- b) Is the applicant facing or recently been considered for disciplinary action or indictment [REDACTED] if yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of an indictment.
7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	months @ \$	from	to	TOTAL
<u>10</u>	<u>10 572.00</u>	<u>1-1-10</u>	<u>10-31-10</u>	<u>\$ 105,725.00</u>
<u>2</u>	<u>10 482.00</u>	<u>11-1-09</u>	<u>12-31-09</u>	<u>\$ 20,964.00</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 126,689.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.
10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARRÉARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
<u>12-31-10</u>	<u>\$ 10572.00</u>	<u>\$ 898.62</u>	<u>\$ 1095.06</u>				
<u>9-30-10</u>	<u>\$ 31717.00</u>	<u>\$ 2695.86</u>	<u>\$ 3285.18</u>				<u>\$ 1993.68</u>
							<u>\$ 5981.04</u>

COMPLETED BY Main Corra / Payroll PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 7-12-10

RF-0239-0510

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER WALTER D. WEHRHAIN
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]
4a. EMPLOYING AGENCY: CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 10/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
b) Is the applicant facing or recently been considered for disciplinary action or indictment? [REDACTED] yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.
12 months @ \$ 10454.00 from 11-1-09 to 10-31-10 \$ 125448.00 TOTAL
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 125448.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
<u>12/31/10</u>	<u>\$ 10454.00</u>	<u>\$ 888.59</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 888.59</u>
<u>9/30/10</u>	<u>\$ 31363.00</u>	<u>\$ 2665.86</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 2665.86</u>

COMPLETED BY Maria Corona Payroll PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 9-10-10

AF-0239-0510

POLICE AND FIREMEN'S RETIREMENT SYSTEM CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER ROBERT CASTELLANO

2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]

4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 10/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED].
Is suspension [REDACTED].

b) Is the applicant facing or recently been considered for disciplinary action or indictment? [REDACTED] If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee:

#	<u>12</u>	months @ \$	<u>7785.75</u>	from	<u>11-1-09</u>	to	<u>10-31-10</u>	\$	<u>93429.00</u>
#		months @ \$		from		to		\$	
#		months @ \$		from		to		\$	
#		months @ \$		from		to		\$	

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 93429.00

9. If the member received a significant annual salary increase in the last three years of employment; please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	NO. PAYMENTS	BACK DEDUCTIONS AMOUNT	ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
<u>12/31/10</u>	<u>\$ 7786.00</u>	<u>\$ 661.81</u>	\$		\$	\$	<u>\$ 661.81</u>
<u>9/30/09</u>	<u>\$ 23358.00</u>	<u>\$ 1985.43</u>	\$		\$	\$	<u>\$ 1985.43</u>

COMPLETED BY Maria Conner RAYLON PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 9/17/10

RF-0239-0709

POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY - RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY - SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER BENEDICT ROTONDI
2. MEMBERSHIP NO.
3. SOCIAL SECURITY
4a. EMPLOYING AGENCY CITY OF HOBOKEN
4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 11 / 30 / 10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension?
b) Is the applicant facing or recently been considered for disciplinary action or indictment?

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.

Table with columns: REASON FOR ABSENCE, DATE OF ABSENCE (FROM - TO), REASON FOR ABSENCE, DATES OF ABSENCE (FROM - TO)

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

Table with columns: # months @ \$, from, to, \$, TOTAL

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 93429.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

Table with columns: AMOUNT OF PAYMENT, DATE OF PAYMENT, COVERING THE DATES (FROM - TO), PENSION DEDUCTION, NEW ANNUAL BASE SALARY

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

Table with columns: QUARTER ENDING, BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER, PENSION CONTRIBUTION, LOAN REPAYMENT, NO. PAYMENTS, BACK DEDUCTIONS AMOUNT, ARREARS AND/OR PURCHASES, TOTAL PENSION DEDUCTIONS

COMPLETED BY Maria Corcoran 1 Payroll PHONE NUMBER 201-420-2084 E-MAIL ADDRESS MCorcorana@HOBOKEN.NJ.ORG

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein. SIGNATURE OF CERTIFYING OFFICER DATE 8/5/10

RF-0239-0709

POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY - RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY - SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER BERNARD DELLA FAVE
2. MEMBERSHIP NO.
3. SOCIAL SECURITY NO.
4a. EMPLOYING AGENCY City of Hoboken
4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 11 / 30 / 2010. Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension?
b) Is the applicant facing or recently been considered for disciplinary action or indictment? If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.
12 months @ \$ 7785.75 from 12-31-09 to 11-30-10 \$ 93429.00
TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 93429.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

Table with 5 columns: AMOUNT OF PAYMENT, DATE OF PAYMENT, COVERING THE DATES (FROM - TO), PENSION DEDUCTION, NEW ANNUAL BASE SALARY.

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

Table with 7 columns: QUARTER ENDING, BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER, PENSION CONTRIBUTION, LOAN REPAYMENT, NO. PAYMENTS, BACK DEDUCTIONS AMOUNT, ARREARS AND/OR PURCHASES, TOTAL PENSION DEDUCTIONS.

COMPLETED BY Maria Correa Payroll PHONE NUMBER 201-420-2084
E-MAIL ADDRESS

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER DATE 8/16/10

RF-0289-0510

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER JOSEPH G. CRAVEN
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]

4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 10/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
b) Is the applicant facing or recently been considered for disciplinary action or indictment [REDACTED] If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range; and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.
12 months @ \$ 7785.75 from 11-1-09 to 10-31-10 \$ 93429.00 ^{TOTAL}
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____
TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 93429.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS):
State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
<u>12/31/10</u>	<u>\$ 7786.00</u>	<u>\$ 661.81</u>	<u>\$ 770.96</u>	<u>\$</u>	<u>\$</u>	<u>\$ 1432.77</u>	
<u>9/30/10</u>	<u>\$ 23357.00</u>	<u>\$ 1985.35</u>	<u>\$ 2312.88</u>	<u>\$</u>	<u>\$</u>	<u>\$ 4298.23</u>	

COMPLETED BY Maria Corona PAYROLL PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 9/15/10

RF-0239-0510

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER GEORGE FONSECA
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY [REDACTED]
4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23301

5. DATE SERVICE TERMINATED 9 / 1 / 10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
b) Is the applicant facing or recently been considered for disciplinary action or indictment [REDACTED] If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 10-month employee or 10 months for a 12-month employee.
12 months @ \$ 7785.75 from 8-1-09 to 7-31-10 \$ 93429.00 TOTAL
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____
_____ months @ \$ _____ from _____ to _____ \$ _____
TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 93429.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT	
9/30/10	\$ 7785.00	\$ 661.73				\$ 661.73
6/30/10	\$ 23357.00	\$ 1985.34				\$ 1985.34

COMPLETED BY Maria Conna Payne PHONE NUMBER 201-420-2084
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 6/24/10

RF-0239-0510

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER ROBERT SHERIDAN
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]
4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23302

5. DATE SERVICE TERMINATED 12/1/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. a) Is the member currently on suspension? [REDACTED] If yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
b) Is the applicant facing or recently been considered for disciplinary action or indictment? [REDACTED] If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalent, or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	<u>11</u>	months @ \$	<u>8015.50</u>	from	<u>1-1-10</u>	to	<u>11-30-10</u>	\$	<u>88170.00</u>
#	<u>1</u>	months @ \$	<u>7947.00</u>	from	<u>12-1-09</u>	to	<u>12-31-09</u>	\$	<u>7947.00</u>
#		months @ \$		from		to		\$	
#		months @ \$		from		to		\$	

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ 96117.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).
State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT	
<u>12/31/10</u>	<u>\$ 8015.00</u>	<u>\$ 681.36</u>				<u>\$ 681.36</u>
<u>9/30/10</u>	<u>\$ 2047.00</u>	<u>\$ 204.00</u>				<u>\$ 204.00</u>

COMPLETED BY M. Concoran Payroll PHONE NUMBER 201-420-2084
E-MAIL ADDRESS M.Concoran@HOBOKEN.NJ.ORG

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 7/23/10

RF-0239-0510

Act. 11/11

POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. NAME OF MEMBER: JESUS MONOZ
2. MEMBERSHIP NO. [REDACTED] 3. SOCIAL SECURITY NO. [REDACTED]
4a. EMPLOYING AGENCY CITY OF HOBOKEN 4b. EMPLOYER LOCATION NO. 23302

5. DATE SERVICE TERMINATED 12/31/10 Applicant will not render any service to, or earn salary from this agency after date service terminated. This data must be before the retirement date.

6. a) Is the member... if yes, give date of suspension [REDACTED]
Is suspension [REDACTED]
b) Is the applicant facing or recently been considered for disciplinary action or indictment... ES, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
[REDACTED]

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above). Please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	months @ \$	from	to	\$	TOTAL
6	10662.00	7-1-10	12-31-10	\$ 63,972.00	\$ 63,435.00
6	10572.50	1-1-10	6-30-10	\$	
#	months @ \$	from	to	\$	
#	months @ \$	from	to	\$	
TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE				\$	127,411.00

9. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).
State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT	
9/30/10	\$ 31988.00	\$ 2718.98			\$	\$ 2718.98
12/31/10	\$ 31988.00	\$ 2718.98			\$	\$ 2718.98

COMPLETED BY Maria Coronado / Payroll PHONE NUMBER 201-420-2014
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.
SIGNATURE OF CERTIFYING OFFICER [Signature] DATE 9/24/10



JAMES J. FARINA
CITY CLERK

CITY CLERK'S OFFICE
CITY HALL
HOBOKEN, NEW JERSEY 07030

(201) 420-2074

MEMO

TO:

Michael Korman, Personnel

CC:

MARK TABAKIN, CORPORATION COUNSEL

Alysea Smuckley

FROM:

JAMES J. FARINA, CITY CLERK

DATE:

Sept 30th, 2010

RE:

OPEN PUBLIC RECORDS ACT (OPRA)

Attached please find a OPRA request form for information from your department. After obtaining the information, please return the information to this office. As you know, you need to provide the information within seven business days.

SEP-29-2010 WED 04:02 PM

G. ELSTON AND ASSOCIATE

FAX No. 732-280-6955

P.002

Log
10-1695 - Personnel
10-1696 - Administrative

9/29/10

CITY OF HOBOKEN
MUNICIPAL BUILDING
94 WASHINGTON STREET
HOBOKEN, NEW JERSEY 07030

REQUEST FOR PUBLIC RECORDS

Name:

Mitesh M. Patel, Esq.

Address:

3350 Rt. 138 Bldg 2, Ste 121
Wall, NJ 07719

Telephone (day):

(732) 280-6911 ; Fax (732) 280-6955

Information Requested:

Copy of Minutes (specify board or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number, or other identifying information)

Police Accident Report

Fee: _____

Date & Location of Accident _____

Other (specify)

(PLEASE see attachment)

License Information (Specify) _____

Information on a Specific Property

Address _____

Municipal Lien Search

Block _____

Lot _____

Fee

\$10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

List of Property Owners within 200'

Fee: _____

As provided in N.J.S.A. 40:55D-12, the fee is greater of \$0.25 per name or \$10.00

** For Municipal Use Only **

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit _____

(required when the anticipated cost of reproduction exceeds \$5.00)

①

2010 SEP 30 AM 9:36

RECEIVED

SEP-29-2010 WED 04:02 PM

C. ELSTON AND ASSOCIATE

FAX No. 732-280-6955

P. 003

CITY OF HOBOKEN

REQUEST FOR PUBLIC RECORDS

Name: Mitesh M. Patel, Esq.
Dated: September 29, 2010
Via Facsimile: (201) 420-2085

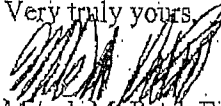
Information Requested:

Other [specify]:

- (1) The hiring dates, hiring titles, and hiring salaries of city employees Juan Melli, Dan Bryan, and Arch Listan. The Current base salaries of all three employees, segregating any supplemental income received by them and dates of same.
- (2) "Department of Administration Employee Action Forms" from January 2010 to July 2010 regarding any salary increases and approvals for salary increases.
- (3) Any and all documentation regarding City Employees that are scheduled to retire or have submitted notification of retirement.
- (4) Any salary ordinances, which had 1st or 2nd readings in July 2010. Also, include any salary ordinance plans.
- (5) City of Hoboken Job Descriptions for: (1) Confidential Aide to the Mayor; (2) Communications Manager; and (3) Public Information Officer.

Thank you for your courtesy and anticipated cooperation in providing the above-requested information.

Very truly yours,


Mitesh M. Patel, Esq.

SEP-29-2010 WED 04:02 PM

C. ELSTON AND ASSOCIATE

FAX No. 732-280-6955

P.001

Reply to:

Wall Office
3350 Route 138
Bldg. 2, Suite 121
Wall, New Jersey 07719
Telephone: (732) 280-6911
Facsimile: (732) 280-6955



Fax

CONFIDENTIALITY NOTE

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service. Thank you.

To: Hoboken City Clerk

From: C. Elston & Assoc., LLC
Mitesh M. Patel, Esq.

Fax: (201) 420-2085

Pages: 3 Including cover sheet

Phone:

Date: September 29, 2010

Re: City of Hoboken
OPRA Request

File #:

Urgent For Review Please Comment Please Reply Please Recycle

*IF YOU DO NOT RECEIVE THE ENTIRE DOCUMENT

PLEASE CALL 732-280-6911

MESSAGE:

Per your request, please find enclosed a letter from Kwik Mortgage Corp. authorizing usage of the POA and recording of the same. Thanks.