



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Standard Work Day and Reporting Resolution for Elected and Appointed Officials

RS 2417-A
 (Rev. 3/14)

BE IT RESOLVED, that the _____ / _____ hereby establishes the following standard work days for these titles and
 (Name of Employer) (Location Code)

will report the officials to the New York State and Local Retirement System based on time keeping system records or their record of activities:

Title	Standard Work Day (Hrs/day) Min. 6 hrs Max. 8 hrs	Name (First and Last)	Social Security Number (Last 4 digits)	Registration Number	Tier 1 (Check only if member is in Tier 1)	Current Term Begin & End Dates (mm/dd/yy-mm/dd/yy)	Participates in Employer's Time Keeping System (Yes/No-If Yes, do not complete the last two columns)	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials									
Town Attorney	6	Michael B. Mednick	2471	36937662	<input type="checkbox"/>	1/1/15-12/31/15	N	21.75	<input type="checkbox"/>
Town Attorney	6	Paula E. Kay	1033	41030180	<input type="checkbox"/>	1/1/15-12/31/15	N	20.44	<input type="checkbox"/>
Dog Control	6	Nancy Marinchak	6154	39027255	<input type="checkbox"/>	1/1/15-12/31/15	N	17.98	<input type="checkbox"/>
Appointed Officials									

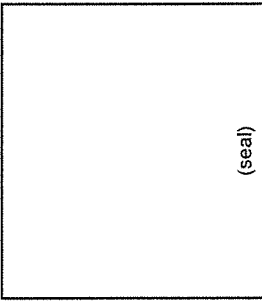
SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, _____, secretary/clerk of the governing board of the _____, of the State of New York,
 (Name of secretary or clerk) (Name of Employer)

do hereby certify that I have compared the foregoing with the original resolution passed by such board at a legally convened meeting held on the _____ day of _____

August _____, 20 15 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the _____ on this _____ day
 of _____, 20 15
 (Name of Employer)



Affidavit of Posting: I, _____, being duly sworn, deposes and says that the posting of the
 (Name of secretary or clerk)

Resolution began on _____ and continued for at least 30 days. That the Resolution was available to the public on the
 (Date)

- Employer's website at www.townofthompson.com
- Official sign board at _____
- Main entrance secretary or clerk's office at _____



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Standard Work Day and Reporting Resolution for Elected and Appointed Officials Continuation Form RS 2417-B

(Rev. 3/14)

Title	Standard Work Day (Hrs/day) Min. 6 hrs, Max. 8 hrs	Name (First & Last)	Social Security Number (Last 4 digits)	Registration Number	Tier 1 (Check only if member is in Tier 1)	Current Term Begin & End Dates (mm/dd/yy-mm/dd/yy)	Participates in Employer's Time Keeping System (Yes/No-If Yes, do not complete the last two columns)	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials									
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					<input type="checkbox"/>				<input type="checkbox"/>
Appointed Officials									
PB/ZBA Secretary	6	Kathleen Brawley	2949	60903416	<input type="checkbox"/>	1/1/15-12/31/15	N	5.00	<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
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