

Received Date

## Standard Work Day and Reporting Resolution for Elected and Appointed Officials

Please type or print clearly in blue or black ink

Employer Location Code  
 2 0 0 0 5

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

**RS 2417-A**

(Rev.09/18)

BE IT RESOLVED, that the \_\_\_\_\_ / \_\_\_\_\_ hereby established the following standard work days for these titles and will report the officials to the New York State and Local Retirement based on 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)	NYSLRS ID:	Tier 1 (Check only if member if Tier 1)	Current Term Begin & End Dates: (mm/dd/yy-mm/dd/yy)	Record of Activities Result:*	Not Submitted: (Check only if official did not submit their Record of Activities)
<b>Elected Officials:</b>								
Council Member	7	*Not in ERS *			<input type="checkbox"/>	N/A		<input type="checkbox"/>
Council Member	7	* Not in ERS *			<input type="checkbox"/>	N/A		<input type="checkbox"/>
Council Member	7	* Not in ERS *			<input type="checkbox"/>	N/A		<input type="checkbox"/>
<b>Appointed Officials:</b>								
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>

I, lola C. Taylor, secretary/clerk of the governing board of the City of Beacon, of the State of New York,

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 3rd day of June, 2019 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 City of Beacon on this 5th day of June, 2019,

*Lola C. Taylor*  
 (Signature of Secretary or Clerk)

**Affidavit of Posting:** I, lola C. Taylor being duly sworn, deposes and says that the posting of the Resolution began on June 7, 2019 and continued for at least 30 days. That the Resolution was available to the public on the: \_\_\_\_\_

- Employer's website at: www.cityofbeacon.org
- Official sign board at: \_\_\_\_\_
- Main entrance Secretary or Clerk's office at: \_\_\_\_\_

(seal)

Received Date

## Standard Work Day and Reporting Resolution for Elected and Appointed Officials Continuation Form

**RS 2417-B**

(Rev.09/18)

Please type or print clearly  
in blue or black ink

Employer Location Code

2 0 0 0 5

Title:	Standard Work Day: (Hrs/day) Min. 6 hrs Max. 8 hrs	Name: (First and Last)	Social Security Number: (Last 4 digits)	NYSLRS ID:	Tier 1 (Check only if member if Tier 1)	Current Term Begin & End Dates: (mm/dd/yy-mm/dd/yy)	Record of Activities Result:*	Not Submitted: (Check only if official did not submit their Record of Activities)
<b>Elected Officials:</b>								
Council Member	7	*Not in ERS*			<input type="checkbox"/>	N/A		<input type="checkbox"/>
Council Member	7	*Not in ERS*			<input type="checkbox"/>	N/A		<input type="checkbox"/>
Council Member	7	*Not in ERS*			<input type="checkbox"/>	N/A		<input type="checkbox"/>
Council Member	7	*Not in ERS*			<input type="checkbox"/>	N/A		<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
<b>Appointed Officials:</b>								
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>