



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. 8/15)

BE IT RESOLVED, that the Town of Mendon 120167 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 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)	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials								
Justice	7	Wm Fletcher	9639	[REDACTED]	<input type="checkbox"/>	12/31/19	2.43	<input type="checkbox"/>
Judge	7	Cara Briggs	8687	[REDACTED]	<input type="checkbox"/>	12/31/17	1.45	<input type="checkbox"/>
Town Clerk	7	James Mendke	7437	[REDACTED]	<input type="checkbox"/>	12/31/17	21.62	<input type="checkbox"/>
Appointed Officials								
ECB Member	7	Alex Nies	2050	[REDACTED]	<input type="checkbox"/>	11/16-12/31/17	0.19	<input type="checkbox"/>
AB Member	7	Den Irvine	0276	[REDACTED]	<input type="checkbox"/>	11/13-12/31/18	1.2	<input type="checkbox"/>
ECB Member	7	Georgia Morgan	7244	[REDACTED]	<input type="checkbox"/>	11/14-12/31/16	0.93	<input type="checkbox"/>

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, _____, secretary/clerk of the governing board of the Town of Mendon 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 _____, 20__ 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__ (Signature of the secretary or clerk) (Name of Employer)

Affidavit of Posting: I, _____, being duly sworn, deposes and says that the posting of the 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 _____

Official sign board at _____

Main entrance secretary or clerk's office at _____



