



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 Town of Mendon (Name of Employer) 13067 (Location Code) hereby establishes the following standard work days for these titles and 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)
<b>Elected Officials</b>									
Highways Supervisor	8	Wm. Smith	2894	34319483	<input type="checkbox"/>	11/14-12/31/15	No	28.75	<input type="checkbox"/>
Town Justice	7	Wm. Fletcher	9639	40815466	<input type="checkbox"/>	11/12-12/31/15	No	2.43	<input type="checkbox"/>
Town Justice	7	Cara Briggs	8687	35380948	<input type="checkbox"/>	11/14-12/31/17	No		<input checked="" type="checkbox"/>
<b>Appointed Officials</b>									
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>

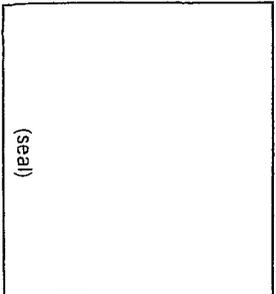
SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, James Merkle (Name of Secretary or clerk) (Circle one) secretary/clerk of the governing board of the Town of Mendon (Name of Employer) 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 8<sup>th</sup> day of September, 2014 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 Town of Mendon (Name of Employer) of September, 2014.  
 (Signature of the secretary or clerk) \_\_\_\_\_ on this 9<sup>th</sup> day

Affidavit of Posting: I, James P. Merkle (Name of secretary or clerk) being duly sworn, deposes and says that the posting of the Resolution began on September 9, 2014 (Date) and continued for at least 30 days. That the Resolution was available to the public on the www.townofmendon.org (Date)

Employer's website at www.townofmendon.org  
 Official sign board at 16 West Main St, Honey Falls, NY  
 Main entrance secretary or clerk's office at \_\_\_\_\_







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

RS 2417-A

(Rev. 3/14)

sent  
1/16/15

BE IT RESOLVED, that the Town of Mendon (Name of Employer) 130107 (Location Code) hereby establishes the following standard work days for these titles and 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)
<b>Elected Officials</b>									
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
<b>Appointed Officials</b>									
<u>Town Attorney</u>	<u>7</u>	<u>Sheldon Boyce</u>	<u>9397</u>	<u>38744686</u>	<input type="checkbox"/>	<u>1/1/15-12/31/15</u>	<u>No</u>	<u>3.87</u>	<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>

**SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE**

I, James P. Merkle (Name of secretary or clerk) secretary (Circle one) of the governing board of the Town of Mendon (Name of Employer) of the State of New York, 1/15 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 5<sup>th</sup> day of January, 2015 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 Town of Mendon (Name of Employer) on this 6<sup>th</sup> day of January, 2014. James P. Merkle (Signature of the secretary or clerk)

Affidavit of Posting: I, James P. Merkle (Name of secretary or clerk) being duly sworn, deposes and says that the posting of the Resolution began on January 6, 2014 (Date) and continued for at least 30 days. That the Resolution was available to the public on the

Employer's website at www.townofmendon.org

Official sign board at West Main Street, Haveroy Falls, NY

Main entrance secretary or clerk's office at \_\_\_\_\_

