



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 New Paltz / 30581 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								
Town Supervisor	8	Neil Betz		61317467	<input type="checkbox"/>	1/1/16-12/31/17	21.08	<input type="checkbox"/>
Highway Superintendent	8	Christopher Marx		38790515	<input type="checkbox"/>	1/1/16-12/31/17	21.86	<input type="checkbox"/>
Town Clerk	8	Rosanna Mazzaccari		41189028	<input type="checkbox"/>	1/1/16-12/31/19	23.125	<input type="checkbox"/>
Appointed Officials								
Youth Director	8	James Tinger		37945250	<input type="checkbox"/>	12/31/16	23.145	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, _____ Rosanna Mazzaccari _____ secretary/clerk of the governing board of the _____ Town of New Paltz _____ of the State of New York,
 (Name of secretary or clerk) (Circle one) (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 _____ 25th _____ day of _____ August _____, 20 16 _____ 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 New Paltz _____ on this _____ day
 of _____ August _____, 20 16 _____ (Name of Employer)

 (Signature of the secretary or clerk)

 (seal)

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

- Employer's website at _____
- 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. 8/15)

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)	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials								
Town Justice	7	James Bacon		40326209	<input type="checkbox"/>	1/1/16-12/31/19	6.52	<input type="checkbox"/>
Appointed Officials								