



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 COLDEN / 30539 hereby establishes the following standard work days for these titles and (Name of Employer) (Location Code)

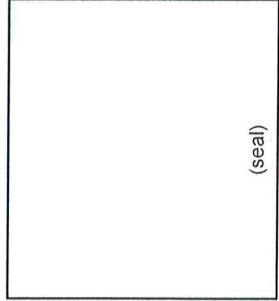
will report the officials to the New York State and Local Retirement System based on their record of activities:

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								
SUPERVISOR	6	JAMES DEPASQUALE			<input type="checkbox"/>	1/1/2018-12/31/2021	14.33	<input type="checkbox"/>
TOWN CLERK	6	CHRISTINA KERLIN			<input type="checkbox"/>	1/1/2016-12/31/2019	21.38	<input type="checkbox"/>
TOWN JUSTICE	6	MICHAEL SCHNEIDER			<input type="checkbox"/>	1/1/2019-12/31/2022	11.06	<input type="checkbox"/>
Appointed Officials								
REC DIRECTOR	8	KIP PALMATEER	3		<input type="checkbox"/>	1/1/2019-12/31/2019	5.83	<input type="checkbox"/>
ASST. REC DIRECTOR	8	CARRIE DEPASQUALE			<input type="checkbox"/>	1/1/2019-12/31/2019	3.99	<input type="checkbox"/>
ASST. REC DIRECTOR	8	TINAMARIE MARY			<input type="checkbox"/>	1/1/2019-12/31/2019		<input checked="" type="checkbox"/>

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) (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 3RD day of _____, 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 _____ on this _____ day of _____, 2019, (Signature of the secretary or clerk) (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 TOWNOFCOLDEN.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. 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								
COUNCILPERSON	6	JESSE HYRCIK			<input type="checkbox"/>	1/1/2018-12/31/2021		<input checked="" type="checkbox"/>
HIGHWAY SUPERINTENDENT	6	PAUL CLARKSON			<input type="checkbox"/>	1/1/2018-12/31/2021	21.5	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
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Appointed Officials								
ASSESSOR	8	DAWN MARTIN			<input type="checkbox"/>	10/1/2013-10/1/2019	5.66	<input type="checkbox"/>
CODE ENFORCEMENT	8	JOHN KOTLARSZ			<input type="checkbox"/>	1/1/2019-12/31/2019	5.21	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
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