## 110 State Street, Albany, New York 12244-0001 New York State and Local Retirement System Office of the New York State Comptroller Please type or print clearly in blue or black ink

**Employer Location Code** 

Received Date

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

## SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

RS 2417-A

88	BE IT RESOLVED, that the TOWN OF RIDGEWAY	the TOWN OF RIDG	EWAY		/ 30108				(Rev.09/18)
герс	ort the officials to the	New York State	(Name of Employer) (Location report the officials to the New York State and Local Retirement based on their record of activities	d on their record	on Code)	reby establishe	ed the following sta	lieleby established the following standard work days for these titles and will	hese titles and will
	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 is Tier 1)	Current Term Begin & End Dates: (mm/dd/yy-	Record of Activities Result:*	Not Submitted: (Check only if official did not submit their Record of
!							mm/dd/yy)		Activities)
<u> </u>	Elected Officials:								
	ASSESSOR	6.5	PATRICIA LASZEWSKI				10/1/2019-9/30/2025	25.06	
A	Appointed Officials:								
   중	KAREN KAISER		secretai	Niclerk of the go		TOWN OF BIDGEWAY	VAV		
	(Name o	(Name of Secretary or Clerk)	(Circle one)	one)	(Circle one)	(Nam	(Name of Employer)	of the State of New York,	of New York,
on fill	ereby certify that I ha e as part of the minu	ave compared the	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 on file as part of the minutes of such meeting, and that same is a true converged and the whole of such priving.	resolution pass	ed by such board at a le	gally convened	meeting held on t	ne 18 day of MAY	AY 20 20
Z ≤	TNESS WHEREOF	, I have hereunt	IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the TOWN OF RIDGEWAY  (Name of Employer)	of the TOWN OF	TOWN OF RIDGEWAY  (Name of Employer)	inal.	on this	_day of	20 20
Affid	(Signature of Secretary or C	(Signature of Secretary or Clerk)		heing di	ly sworp deposes and a				
	(Date)	8	(Name of Secretary or Clerk) and continued for at least 30 days. That the	ne Resolution wa	That the Resolution was available to the public on the:	-	ure postirio of the Resolution began on	tion began on	
	Employer's website at: WWW.TOWNRIDGEWAY.ORG	at: www.Tow	NRIDGEWAY.ORG						
	Official sign board at:	at:							
	Main entrance Secr	retary or Clerk's	Main entrance Secretary or Clerk's office at: 410 WEST AVE, MEDINA NY 14103	EDINA NY 14103		Dage 1	of 1	(for additional rous attack	(Seal)
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(for additional rows, attach a RS 2417-B form.)