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 Fallsburg (Name of Employer) / ___ (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 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	6	Steven Vegliante			☐	01/01/15 - 12/31/16	18.64	☐
Town Clerk	8	Donna Akerley			☐	01/01/14 - 12/31/17	23.55	☐
Councilman	6	Arnold Seletsky			☐	01/01/16 - 12/31/19	16.18	☐
Appointed Officials								
Attorney for the Town	6	Jacob E. Billig			☐	01/01/16 - 12/31/16	7.70	☐
Municipal Attorney	6	Paula E. Kay			☐	01/01/15 - 12/31/16	3.72	☐
Animal Control Officer	6	Joanne Gerow			☐	01/01/16 - 12/31/16	22.17	☑

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, Donna Akerley - Town Clerk (Name of secretary or clerk), secretary/clerk (Circle one) of the governing board of the Town of Fallsburg (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 11 day of July, 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 Fallsburg (Name of Employer) on this 11 day of July, 20 16, _____ (Signature of the secretary or clerk).

Affidavit of Posting: I, Donna Akerley - Town Clerk (Name of secretary or clerk), being duly sworn, deposes and says that the posting of the Resolution began on 07/11/16 (Date) and continued for at least 30 days. That the Resolution was available to the public on the

☑ Employer's website at www.townoffallsburg.com
☑ Official sign board at 19 Railroad Plaza, South Fallsburg, NY 12779
☑ Main entrance secretary or clerk's office at 19 Railroad Plaza, South Fallsburg, NY 12779

(seal)

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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								
Councilman	6	Nathan Steingart			☐	01/01/16 - 01/01/19	11.10	☐
Town Justice	6	Amanda R. Ward			☐	01/01/16 - 12/31/19		✓
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Appointed Officials								
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Employer Town of Fallsburg Location Code _____ Page 2 of 2 (use with form RS 2417-A)