Office of the New York State Comptroller New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Please type or print clearly in blue or black ink

**Employer Location Code** 

**Received Date** 

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

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

RS 2417-A

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| 3 0 0 4 9                       |                              |                                  |   |                                      | •                    |                                   |                  |                    | (Rev.11/19) |
|---------------------------------|------------------------------|----------------------------------|---|--------------------------------------|----------------------|-----------------------------------|------------------|--------------------|-------------|
| BE IT RESOLVED, that the _      |                              | Town of P                        | ittsford /                                      | 30049 here                           | eby established the  | e following star                  | ndard work days  | s for these titles | and will    |
| eport the officials to the New  | York State ar                | (Name of Employed Local Retireme | <i>loyer)</i><br>nt based on their record of ac | (Location Code)<br>tivities:         |                      |                                   |                  |                    |             |
| Name                            | Social<br>Security<br>Number | NYSLRS ID                        | Title   | Current Term<br>Begin & End<br>Dates | Standard Work<br>Day | Record of<br>Activities<br>Result | Not<br>Submitted | Pay<br>Frequency   | Tier 1      |
| Elected Officials:              |                              |                                  |   |                                      |                      |                                   |                  |                    |             |
| Michael Ansaldi                 |                              | R12975866                        | Town Justice                                    | 01/01/2021-12/31/2024                | 6                    | 3.82                              |                  | bi-wkly            |             |
| Cathleen Koshykar               |                              | R12978407                        | Councilperson                                   | 01/01/2020-12-31-2023                | 6                    |                                   | <b>V</b>         | bi-wkly            |             |
| Kevin Beckford                  |                              | R12790981                        | Councilperson                                   | 01/01/2018-12/31/2021                | 6                    | 5.71                              |                  | bi-wkly            |             |
| Appointed Officials:            |                              |                                  |   |                                      |                      |                                   | No. 2            |                    |             |
|                                 |                              |                                  |   |                                      |                      |                                   |                  |                    |             |
|                                 |                              |                                  |   |                                      |                      |                                   |                  |                    |             |
|                                 |                              |                                  |   |                                      |                      |                                   | . 🔲 🗸            |                    |             |
| Renee McQuillen                 |                              |                                  | secretary/clerk of the governi                  | ing board of the To                  | wn of Pittsfo        | ord                               | of the           | State of New Y     | ork         |
| (Name of Sec                    | retary or Clerk)             |                                  | (Circle one)                                    |                                      | (Name of E           | Employer)                         |                  |                    | OIK,        |
| to hereby certify that I have o | compared the                 | foregoing with the               | e original resolution passed by                 | such board at a leg                  | ally convened med    | eting held on th                  | ne day           | / of,              | 20          |
|                                 |                              |                                  | is a true copy thereof and the                  |                                      |                      |                                   |                  |                    |             |
| N WITNESS WHEREOF, I ha         | ave hereunto                 | set my hand and                  | the seal of the                                 | Town of Pittsfor (Name of Employer)  | rd                   | on this                           | _day of          | , 20               |             |
| (Signature of Sec               | retary or Clerk)             |                                  | *   |                                      |                      |                                   |                  |                    |             |
| Affidavit of Posting: I,        | (Ala                         | me of Secretary or Cle           |   | orn, deposes and sa                  | ys that the posting  | of the Resolu                     | tion began on    |                    |             |
| an                              |                              |                                  | ny<br>s.  That the Resolution was av            | ailable to the public                | on the:              |                                   |                  |                    |             |
| (Date)  Employer's website at:  | www.tov                      | vnofpittsford                    | d.org   |                                      |                      |                                   |                  |                    |             |
|                                 |                              |                                  | Street, Pittsford, NY                           | 14534                                |                      |                                   |                  | (sea               | .n          |
|                                 |                              |                                  | fain Street, Pittsford, N                       |                                      | age 1 of             | 2 <sub>(for</sub>                 | additional rows  | attach a RS 24     |             |

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

| 3 0 0 4 9  | SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE |  |   |                                      |                      |                                   |                  | RS 2417-A          |          |  |  |
|--|--|--|---|--------------------------------------|----------------------|-----------------------------------|------------------|--------------------|----------|--|--|
| BE IT RESOLVED, that the   |  | Town of Pitt                                     | tsford /  | 30049 her                            | eby established the  | following etc                     | ndard work dow   | e for those title- |          |  |  |
| report the officials to the New                                    |  | (Name of Emplo<br>nd Local Retiremen             | yer)<br>It based on their record of ac  | (Location Code)                      | oby Cotabilorica an  | s tonowing star                   | ildald Wolk day  | s ioi ulese uues   | and will |  |  |
| Name   | Social<br>Security<br>Number                         | NYSLRS ID  | Title   | Current Term<br>Begin & End<br>Dates | Standard Work<br>Day | Record of<br>Activities<br>Result | Not<br>Submitted | Pay<br>Frequency   | Tier 1   |  |  |
| Elected Officials:   |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
| Stephanie Townsend   |  | R12791203  | Councilperson   | 01/01/2018-12/31/2021                | 6                    | 5.71                              |                  | bi-wkly            |          |  |  |
|  |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
|  |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
| Appointed Officials:   |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
|  |  |  |   | ·                                    |                      |                                   |                  |                    |          |  |  |
|  |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
|  |  |  |   |                                      |                      |                                   |                  |                    |          |  |  |
| Renee McQuillen (Name of Secretor) do hereby certify that I have c | •  |  | secretary/clerk of the governi<br>(Circle one)<br>original resolution passed by |                                      | (Name of E           | mployer)                          |                  | State of New Y     | ·        |  |  |
| on file as part of the minutes o                                   |  |  |   |                                      |                      |                                   |                  | , 0,               |          |  |  |
| IN WITNESS WHEREOF, I ha   | ave hereunto   | set my hand and th                               | ne seal of the  | Town of Pittsfor (Name of Employer)  | d                    | on this                           | _day of          | , 20               |          |  |  |
| (Signature of Secr<br>Affidavit of Posting: I,                     |  |  | being duly sw   | om, deposes and sa                   | ys that the posting  | of the Resolu                     | tion began on    |                    |          |  |  |
| and  |  | me of Secretary or Clerk<br>or at least 30 days. | ;)<br>That the Resolution was av  | ailable to the public                | on the:              |                                   |                  |                    |          |  |  |
| (Date)  Employer's website at:                                     | www.tov  | vnofpittsford                                    | .org  | ·                                    |                      |                                   |                  |                    |          |  |  |
|  |  |  | Street, Pittsford,NY 14   | 534                                  |                      |                                   |                  | (sea               | ai)      |  |  |
| Main entrance Secretar   | v or Clerk's o                                       | office at. 11 S. Mai                             | in Street, Pittsford, NY 14   | 534 p.                               | age 2 of             | 2 (for                            | additional rows  | attach a RS 2      |          |  |  |