Office of the New York State Comptroller
3 NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Received Date

Standard Work Day and Reporting Resolution for Elected and Appointed Officials

Please type or print clearly

in blue or black ink **Employer Location Code** RS 2417-A SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE 0 0 (Rev.09/18) BE IT RESOLVED, that the City of Beacon 20005 hereby established the following standard work days for these titles and will (Location Code) (Name of Employer) report the officials to the New York State and Local Retirement based on their record of activities: Title: Standard Name: Social **NYSLRS ID:** Current Record of Not Submitted: Tier 1 (First and Last) Work Day: **Activities** Security (Check Term (Check only if (Hrs/day) Result:* Number: only if Beain & End official did not Min. 6 hrs (Last 4 member if Dates: submit their Max. 8 hrs digits) Tier 1) (mm/dd/yy-Record of mm/dd/yy) Activities) **Elected Officials:** Council Member *Not in ERS * N/A 7 Council Member N/A * Not in ERS * Council Member * Not in ERS * N/A **Appointed Officials:** Iola C. Taylor City of Beacon , 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 June on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original. City of Beacon on this 5th day of IN WITNESS WHEREOF. I have hereunto set my hand and the seal of the . 20 19 (Name of Employer) (Signature of Secretary or Clerk) Affidavit of Posting: I. lola C. Taylor being duly sworn, deposes and says that the posting of the Resolution began on (Name of Secretary or Clerk) June 7, 2019 and continued for at least 30 days. That the Resolution was available to the public on the: Employer's website at: _www.cityofbeacon.org Official sign board at: (seal) Main entrance Secretary or Clerk's office at: Page ¹ of ² (for additional rows, attach a RS 2417-B form.)

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Employer	Location	Code
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Standard Work Day and Reporting Resolution for Elected and Appointed Officials Continuation Form

RS 2417-B

(Rev.09/18)

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 if 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:								
Council Member	7	*Not in ERS*				N/A		
Council Member	7	*Not in ERS*				N/A		
Council Member	7	*Not in ERS*				N/A		
Council Member	7	*Not in ERS*				N/A		
Appointed Officials:								
		· · · · · · · · · · · · · · · · · · ·						
			4					
Employer: City of E	Beacon		Loca	ation Code: 20005		Page 2	of 2 (use	with form RS 241