

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

(Rev.11/19)

BE IT RESOLVED, that the Town of West Seneca / _____ hereby established the following standard work days for these titles and will report the officials to the New York State and Local Retirement based on their record of activities:

(Name of Employer) (Location Code)

Name	Social Security Number	NYSLRS ID	Title	Current Term Begin & End Dates	Standard Work Day	Record of Activities Result	Not Submitted	Pay Frequency	Tier 1
Elected Officials:									
Amy Kobler			Town Clerk	12/16/19 - 12/31/23	7	23.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
Brian Adams			Highway Superintendent	01/01/20 - 12/31/23	8	34.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
William Baker			Councilman	01/01/20 - 12/31/21	6	13.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
Appointed Officials:									
Tina Hawthorne			Town Attorney	01/01/20 - 12/31/21	6	22.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
Erik Finbar			Assessor	02/20/20 - 09/30/25	7	24.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
Megan Wnek			Director of Finance	01/01/20 - 12/31/20	7	21.00	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>

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 _____ day of _____, 20____ 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 _____, 20____,

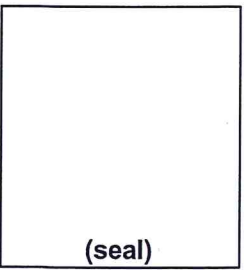
(Name of Employer)

 (Signature of Secretary or Clerk)

Affidavit of Posting: I, _____ being duly sworn, deposes and says that the posting of the Resolution began on _____ and continued for at least 30 days. That the Resolution was available to the public on the: _____

(Name of Secretary or Clerk) (Date)

- Employer's website at: _____
- Official sign board at: _____
-



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Name	Social Security Number	NYSLRS ID	Title	Current Term Begin & End Dates	Standard Work Day	Record of Activities Result	Not Submitted	Pay Frequency	Tier 1
Elected Officials:									
Jeffrey Piekarec			Councilman	Jan 2020 - Dec 2023	6	7	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
Joseph Cantafio			Councilman	Jan 2020 - Dec 2023	6	8	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
Appointed Officials:									
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>

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 _____ day of _____, 20____ 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 _____, 20____,

(Name of Employer)

(Signature of Secretary or Clerk)

Affidavit of Posting: I, _____ being duly sworn, deposes and says that the posting of the Resolution began on _____

(Name of Secretary or Clerk)

and continued for at least 30 days. That the Resolution was available to the public on the:

(Date)

Employer's website at: _____

Official sign board at: _____

