Office of the New York State Comptroller

110 State Street, Albany, New York 12244-0001 New York State and Local Retirement System

Please type or print clearly in blue or black ink

Received Date

Standard Work Day and Reporting Resolution for Elected and Appointed Officials

Employer Location Code 2 0 0 0 5	de	SEE INSTR	RUCTIONS FOR (SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE	ON REVERSE S	IDE		RS 2417-A
3E IT RESOLVED, that the	he City of Beacon	_		/ 20005 h	ereby establishe	d the following stan	hereby established the following standard work days for these titles and will	hese titles and will
eport the officials to the I	New York State a	(Locatic port the officials to the New York State and Local Retirement based on their record of activities	ed on their record	n Code)				
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		
Appointed Officials:								
][
(Name of S	(Name of Secretary or Clerk)	secret:	cretary/clerk of the go (Circle one)	secretary/clerk of the governing board of the	City of Beacon (Name of	(Name of Employer)	of the State	of the State of New York,
to hereby certify that I ha	ave compared the	to hereby certify that I have compared the foregoing with the original resolution passed by such board at a legally converse of the converse o	al resolution pass	sed by such board at a l	/ conv	/ened meeting held on the	e day of _	, 20
on file as part of the minu N WITNESS WHEREOF	ites of such meet ; I have hereunto	on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original. New of Earliers of Such City of Beacon Other City of Beacon Other of Earliers of Such City of Beacon	le copy thereof and of the	nd the whole of such ori	ginal.	on this	day of June	2019_,
(Signature o	(Signature of Secretary or Clerk) sting: I, lola C. Taylor		being du	(Name of Employer) being duly sworn, deposes and says that the posting of the Resolution began on	savs that the po	sting of the Resoluti	on began on	
	_and continued _	(Name of Secretary or Clerk) and continued for at least 30 days. That the Resolution was available to the public on the	the Resolution w	as available to the publ	ic on the:	C	C	
(Date) Employer's website at:	e at: _www.cityofbeacon.org	eacon.org						
Official sign board at:	at							(seal)

Main entrance Secretary or Clerk's office at:

Page_

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(for additional rows, attach a RS 2417-B form.)

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

RS 2417-B

(Rev.09/18)

Employer: City of Beacon Location Code: 20005 Page 2 of					Appointed Officials:			Council Member 7 *Not in ERS*	Elected Officials:	Work Day: (First and Last) Security (Check Term (Hrs/day) Number: only if Begin & End Max. 8 hrs digits) Tier 1) mm/dd/yy)			
2								□ N/A	□ N/A	□ N/A	□ N/A		
2													Activities Result:*
(use with form RS 241													(Check only if official did not submit their Record of Activities)

(use with form RS 2417-A)

Resolut	ion No	of 2019	Date:	June	3, 2019				
Amend Not on	lments roll call.		On ro	ll call		2/3 Required 3/4 Required			
Motion	Second	Council Member	Yes	No	Abstain	Reason	Absent		
		Terry Nelson							
		John Rembert							
		Lee Kyriacou							
		George Mansfield							
		Jodi McCredo							
		Amber Grant							
		Mayor Randy Casale							
		Motion Carried					•		