



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 Lorraine / \_\_\_\_\_ 30860 \_\_\_\_\_ hereby establishes the following standard work days for these titles and  
 (Name of Employer) (Location Code)

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)
<b>Elected Officials</b>								
Highway Supt.	8.00	Joseph Wasilewski	6490	6220242-9	<input type="checkbox"/>	1/1/18-12/31/19	8.00	<input type="checkbox"/>
Town Supervisor	6.00	Vincent Moore	8297	43524859	<input type="checkbox"/>	1/1/18-12/31/19	7.28	<input type="checkbox"/>
Town Clerk	6.00	Melinda Milne	5965	4293157-6	<input type="checkbox"/>	1/1/18-12/31/19	5.53	<input type="checkbox"/>
<b>Appointed Officials</b>								
Assessor	6.00	James Rounds	6021	3950406-3	<input type="checkbox"/>	7/13/17-9/30/19	2.89	<input type="checkbox"/>

**SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE**

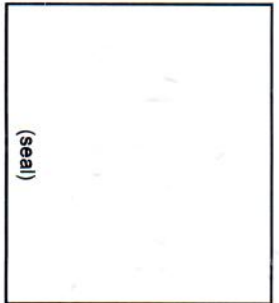
I, \_\_\_\_\_ Melinda Milne \_\_\_\_\_, secretary/clerk of the governing board of the \_\_\_\_\_ Town of Lorraine \_\_\_\_\_, of the State of New York,  
 (Name of secretary or clerk) (Circle one) (Name of Employer)

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 \_\_\_\_\_ 27<sup>th</sup> day of  
 February \_\_\_\_\_, 20 18 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 Lorraine \_\_\_\_\_ on this 27<sup>th</sup> day  
 of February \_\_\_\_\_, 20 18 \_\_\_\_\_  
 (Signature of the secretary or clerk) (Name of Employer)

**Affidavit of Posting:** I, \_\_\_\_\_ Melinda Milne \_\_\_\_\_, being duly sworn, deposes and says that the posting of the  
 Resolution began on \_\_\_\_\_ 2/28/18 \_\_\_\_\_ and continued for at least 30 days. That the Resolution was available to the public on the  
 (Date)

- Employer's website at \_\_\_\_\_ www.townoflorraine.com \_\_\_\_\_
- Official sign board at \_\_\_\_\_
- Main entrance secretary or clerk's office at \_\_\_\_\_





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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)
<b>Elected Officials</b>								
Justice	6	Eric Sheldon	4770	504607-3	<input type="checkbox"/>	1/1/18-12/31/21	4.39	<input type="checkbox"/>
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<b>Appointed Officials</b>								
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