



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 Shawangunk / 30578 (Name of Employer) (Location Code) hereby establishes the following standard work days for these titles and 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) |
|----------------------------|----------------------------------------------------|-----------------------|----------------------------------------|---------------------|--------------------------------------------|----------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| Elected Officials | | | | | | | | |
| Councilman | 6.5hrs | Adrian DeWitt | 2075 | 36988848 | <input type="checkbox"/> | 1/2/14-12/31/17 | 4.21 | <input type="checkbox"/> |
| Councilman | 6.5hrs | Robert Miller | 6105 | 41053497 | <input type="checkbox"/> | 1/2/16-12/31/19 | 5.88 | <input type="checkbox"/> |
| Councilman | 6.5hrs | Matthew Watkins | 2338 | 60283199 | <input type="checkbox"/> | 1/2/14-12/31/17 | | <input checked="" type="checkbox"/> |
| Appointed Officials | | | | | | | | |
| | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> |

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, Jane P. Rascoe (Name of secretary or clerk), secretary/clerk of the governing board of the Town Board of Town of Shawangunk (Name of Employer), of the State of New York, 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 18 day of May, 2017 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 Shawangunk (Name of Employer) on this 26 day of May, 2017, Jane P Rascoe (Signature of the secretary or clerk)

Affidavit of Posting: I, Jane P. Rascoe (Name of secretary or clerk), being duly sworn, deposes and says that the posting of the Resolution began on 05/26/17 (Date) and continued for at least 30 days. That the Resolution was available to the public on the www.shawangunk.org (Date) Employer's website at www.shawangunk.org Official sign board at 14 Central Ave., Wallkill, NY Main entrance secretary or clerk's office at 14 Central Ave., Wallkill, NY

