

Received Date

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

RS 2417-B

(Rev.09/18)

Please type or print clearly
 in blue or black ink

Employer Location Code

3 0 3 7 3

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 is 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:								
Town Board Member	6	Jeffrey Vann			<input type="checkbox"/>	01/01/2020-12/31/2023	1.39	<input checked="" type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<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"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>