



Office of the New York State Comptroller  
New York State and Local Retirement System  
110 State Street, Albany, New York 12244-0001

Please type or print clearly  
in blue or black ink

Received Date

# Standard Work Day and Reporting Resolution for Elected and Appointed Officials

RS 2417-A

(Rev.11/19)

Employer Location Code

3 0 1 8 9

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

BE IT RESOLVED, that the Town of Schroon / 30189 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	Social Security Number	NYSLRS ID	Title	Current Term Begin & End Dates	Standard Work Day	Record of Activities Result	Not Submitted	Pay Frequency	Tier 1
<b>Elected Officials:</b>									
Roger Friedman			Board Member	01/01/2018-12/31/2021	6	8.16	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
Margaret Wood			Board Member	01/01/2018-12/31/2021	6	2.60	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
William Tribou			Town Justice	01/01/2018-12/31/2021	6	12.05	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
<b>Appointed Officials:</b>									
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>

I, Patricia Savarie, secretary/clerk of the governing board of the Town of Schroon, 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 8 day of June, 2020 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 Schroon on this 8 day of June, 2020,

(Name of Employer)

Patricia Savarie  
(Signature of Secretary or Clerk)

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

(Name of Secretary or Clerk)

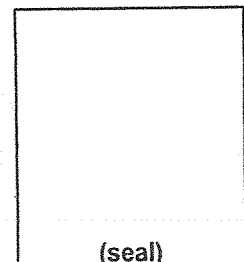
06/09/2020

(Date)

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

Employer's website at: schroon@schroon.net

Official sign board at: Town Hall



(seal)

Received Date

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

**RS 2417-B**

(Rev.04/20)

Please type or print clearly  
 in blue or black ink

Employer Location Code

3 0 1 8 9

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
<b>Elected Officials:</b>									
Patricia Savarie			Town Clerk/Tax Collector	01/01/2020-12/31/2023	6	22.5	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
Dana Shaughnessy			Highway Superintendent	01/01/2020-12/31/23	6	34.02	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
Ethan Thompson			Board Member	01/01/2020-12/31/2023	6	8.28	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
Jeffrey Subra			Supervisor	01/01/2020-12/31/2021	6	24.10	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>
Erica Hedden			Assessor	01/01/2020-12/31/2021	6	4	<input checked="" type="checkbox"/>	Bi-Weekly	<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"/>
<b>Appointed Officials:</b>									
							<input type="checkbox"/>		<input type="checkbox"/>
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