



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 CAMPBELL / 30804 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:
(Name of Employer) (Location Code)

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								
TOWN SUPERVISOR	6	MICHAEL AUSTIN	****	****	<input type="checkbox"/>	01/01/16-12/31/17	4.95	<input type="checkbox"/>
DEPUTY TOWN SUPERVISOR	6	JEFFREY HORTON	****	****	<input type="checkbox"/>	01/01/16-12/31/19	1.0	<input type="checkbox"/>
TOWN COUNCIL MEMBER	6	JAMES DRUMM	****	****	<input type="checkbox"/>	01/01/16-12/31/19	1.17	<input type="checkbox"/>
Appointed Officials								
CODE ENFO & DOG CONT	6	MARVIN RETHMEL	****	****	<input type="checkbox"/>	01/01/17-12/31/17	24.14	<input type="checkbox"/>
ASSESSOR	6	HOLLEY SMALT	****	****	<input type="checkbox"/>	01/01/17-12/31/17	5.42	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>

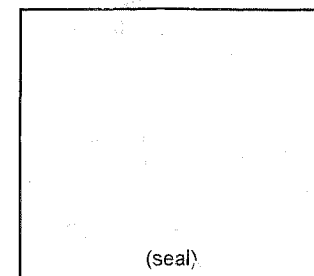
SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

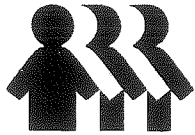
I, SANDRA AUSTIN, secretary/clerk of the governing board of the TOWN OF CAMPBELL, of the State of New York,
(Name of secretary or clerk) (Circle one) (Name of Employer)
 do hereby certify that I have compared the foregoing with the original resolution passed by such board at a legally convened meeting held on the 8TH 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 CAMPBELL on this 8TH day of MAY, 2017,
(Name of Employer)
Sandra M. Austin
(Signature of the secretary or clerk)

Affidavit of Posting: I, SANDRA AUSTIN, being duly sworn, deposes and says that the posting of the Resolution began on 5-9-2017 and continued for at least 30 days. That the Resolution was available to the public on the (Date)

- Employer's website at www.campbellny.com
- Official sign board at TOWNHALL 8529 MAIN ST. CAMPBELL
- Main entrance secretary or clerk's office at TOWNHALL 8529 MAIN ST. CAMPBELL





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)
Elected Officials								
TOWN CLERK	6	SANDRA AUSTIN	****	****	<input type="checkbox"/>	01/01/16-12/31/17	24.92	<input type="checkbox"/>
HIGHWAY SUPERINTENDENT	8	THOMAS AUSTIN	****	****	<input type="checkbox"/>	01/01/16-12/31/17	25.95	<input type="checkbox"/>
TAX COLLECTOR	6	WILLIAM ROSPLOCK	****	****	<input type="checkbox"/>	01/01/16-12/31/17	7.15	<input type="checkbox"/>
JUSTICE	6	DOUGLAS HORTON	****	****	<input type="checkbox"/>	01/01/17-12/31/20	2.98	<input type="checkbox"/>
JUSTICE	6	PATRICIA HORTON	****	****	<input type="checkbox"/>	01/01/17-12/31/20	4.17	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
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					<input type="checkbox"/>			<input type="checkbox"/>
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Appointed Officials								
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