

Received Date

Standard Work Day and Reporting Resolution for Elected and Appointed Officials

Please type or print clearly in blue or black ink

Employer Location Code

3 0 8 0 4

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

RS 2417-A

(Rev.09/18)

BE IT RESOLVED, that the TOWN OF CAMPBELL / 30804 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:

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 SUPERVISOR	6	JEFFREY HORTON			<input type="checkbox"/>	01/01/20-12/31/21	7.78	<input type="checkbox"/>
TOWN BOARD	6	JAMES DRUMM			<input type="checkbox"/>	01/01/20-12/31/23	1.17	<input type="checkbox"/>
TOWN CLERK	6	MICHELLE SEELEY			<input type="checkbox"/>	01/01/20-12/31/21	29.23	<input type="checkbox"/>
Appointed Officials:								
ASSESSOR	6	HOLLEY SMALT			<input type="checkbox"/>	10/01/19-09/30/24	19.09	<input type="checkbox"/>
DOG CONTROL	6	RANDY AKINS			<input type="checkbox"/>	01/01/20-12/31/20	2.23	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>

I, MICHELLE SEELEY, secretary/clerk of the governing board of the TOWN OF CAMPBELL, of the State of New York,

(Name of Secretary or Clerk)

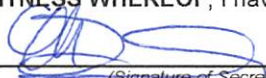
(Circle one)

(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 14th day of September, 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 CAMPBELL on this 14th day of September, 2020,

(Name of Employer)



(Signature of Secretary or Clerk)

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

(Name of Secretary or Clerk)

September 15, 2020 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: TOWN OF CAMPBELL 8529 MAIN STREET CAMPBELL, NY 14821

Main entrance Secretary or Clerk's office at: _____

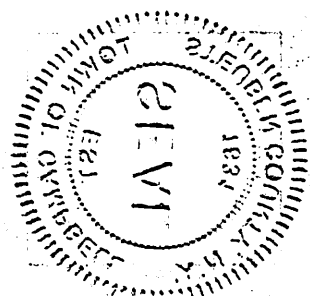


(seal)

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THE NATIONAL ARCHIVES
COLLECTION OF DOCUMENTS
RELATIVE TO THE HISTORY OF THE UNITED STATES
AND TERRITORIES
AND THE NATIONAL ARCHIVES
OF THE DISTRICT OF COLUMBIA
1934

Serial	Year	Author	Title	Place	Character	Notes
1	1934	...	...	...	...	...
2	1934	...	...	...	...	...
3	1934	...	...	...	...	...
4	1934	...	...	...	...	...
5	1934	...	...	...	...	...



1934

Received Date

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

RS 2417-B

(Rev.09/18)

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Employer Location Code

3 0 8 0 4

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:								
HIGHWAY SUPERINTENDENT	8	THOMAS AUSTIN			<input type="checkbox"/>	01/01/20-12/31/21	28.97	<input type="checkbox"/>
TAX COLLECTOR	6	WILLIAM ROSPLOCK			<input type="checkbox"/>	01/01/20-12/31/21	7.15	<input type="checkbox"/>
JUSTICE	6	PATRICIA HORTON			<input type="checkbox"/>	01/01/17-12/31/20	7.25	<input type="checkbox"/>
JUSTICE	6	DOUGLAS HORTON			<input type="checkbox"/>	01/01/17-12/31/20	14.09	<input type="checkbox"/>
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Appointed Officials:								
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