

Please type or print clearly
 in blue or black ink

Employer Location Code

3 0 4 1 3

Received Date

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

RS 2417-A

(Rev.12/23)

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

BE IT RESOLVED, that the TOWN OF FISHKILL / 30413 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
Elected Officials:									
CARMINE ISTVAN	xxx-xx-xxxx	RXXXXXX	HIGHWAY SUPERINTENDENT	1/1/2024-12/31/2027	8	20	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>
RAYMOND P. RAICHE	xxx-xx-xxxx	RXXXXXX	JUSTICE	1/1/2024-12/31-2027	8	8.17	<input type="checkbox"/>	BIWEEKLY	<input type="checkbox"/>
THEONI S. SALOTTO	xxx-xx-xxx	RXXXXXX	JUSTICE	1/1/2024-12/31/2027	8	9.01	<input type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>
Appointed Officials:									
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>

I, REBECCA TOMPKINS, secretary/clerk of the governing board of the TOWN OF FISHKILL, 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 7TH day of AUGUST, 2024 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

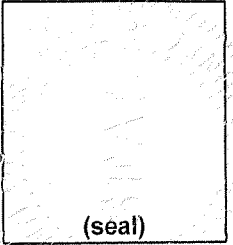
IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the TOWN OF FISHKILL on this 8 day of August, 2024.
(Name of Employer)

Rebecca Tompkins
(Signature of Secretary or Clerk)

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

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

- Employer's website at: WWW.FISHKILL-NY.GOV
- Official sign board at: 807 ROUTE 52, FISHKILL-NY.GOV
- Main entrance Secretary or Clerk's office at: 807 ROUTE 52, FISHKILL, NY 12524



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 4 1 3

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
Elected Officials:									
JOHN FORMAN	xx-xx-xxxx	RXXXXXX	COUNCIL MEMBER	1/1/2022-12/31/2025	8		<input checked="" type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>
GREGORY TOTINO	xxx-xx-xxxx	RXXXXXX	COUNCIL MEMBER	1/1/2024-12/31/2027	8		<input checked="" type="checkbox"/>	BI-WEEKLY	<input type="checkbox"/>
BRIAN C. WRYE	xxx-xx-xxx	RXXXXXX	COUNCIL MEMBER	1/1/2024-12/31/2027	8		<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"/>
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							<input type="checkbox"/>		<input type="checkbox"/>
Appointed Officials:									
							<input type="checkbox"/>		<input type="checkbox"/>
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