

Received Date

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

Employer Location Code

30628

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

RS 2417-A

(Rev.11/19)

BE IT RESOLVED, that the Town of Hannibal / 30628 hereby established the following standard work days for these titles and will
(Name of Employer) (Location Code)
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:									
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
Appointed Officials:									
Patricia Craine			Bookkeeper	1-1-2023 - 12-31-2023	7	1.79	<input type="checkbox"/>	Bi Weekly	<input type="checkbox"/>
Duane Shepard			Water Superintendent	1-1-2023 - 12-31-2023	7	6.48	<input type="checkbox"/>	Bi Weekly	<input type="checkbox"/>
Denise Hafner			Court Clerk	1-1-2023 - 12-31-2023	7	16.15	<input type="checkbox"/>	Bi Weekly	<input type="checkbox"/>

I, Denise J Hafner, secretary/clerk of the governing board of the Town of Hannibal, 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 15th day of November 2023 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 Hannibal on this 16th day of November, 2023.
(Name of Employer)

Denise J Hafner
(Signature of Secretary or Clerk)

Affidavit of Posting: I, _____ being duly sworn, deposes and says that the posting of the Resolution began on _____
(Name of Secretary or Clerk)
_____ and continued for at least 30 days. That the Resolution was available to the public on the:
(Date)

☐ Employer's website at: _____

☐ Official sign board at: _____

☐ Main entrance Secretary or Clerk's office at: _____

(seal)

Please type or print clearly
 in blue or black ink

Employer Location Code

3 0 6 2 8

Received Date

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

RS 2417-B

(Rev.04/20)

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:									
							<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"/>
Appointed Officials:									
Theresa Penfield			Dog Control Officer	1-1-2023 - 12-31-2023	7	14.83	<input type="checkbox"/>	Bi Weekly	<input type="checkbox"/>
David Roach			Sole Assessor	1-1-2023 - 12-31-2023	7	3.69	<input 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"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>

