

Please type or print clearly  
in blue or black ink

Employer Location Code

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Received Date

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

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

**RS 2417-A**

(Rev.11/19)

BE IT RESOLVED, that the City of Lackawanna 120025 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
<b>Elected Officials:</b>									
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
<b>Appointed Officials:</b>									
Daniel Hawryczak		72508112	Civil Service Comm.	8/27/20 to 5/31/26			<input checked="" type="checkbox"/>	Biweekly	<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>		<input type="checkbox"/>

I, \_\_\_\_\_, secretary/clerk of the governing board of the \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
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 \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
(Name of Employer)

\_\_\_\_\_  
(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)

\_\_\_\_\_  
(Date)

☐ Employer's website at: \_\_\_\_\_

☐ Official sign board at: \_\_\_\_\_

☐ \_\_\_\_\_

(seal)