



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 County of Wyoming / 10056 hereby establishes the following standard work days for these titles and  
 (Name of Employer) (Location Code)

will report the officials to the New York State and Local Retirement System 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)	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)
<b>Elected Officials</b>								
Supervisor	6	KEHL, Bryan	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/21	4.69	<input type="checkbox"/>
Supervisor	6	ROBERTS, LuAnne	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/21	7.61	<input type="checkbox"/>
Supervisor	6	KING, Sandra	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/21	2.81	<input type="checkbox"/>
<b>Appointed Officials</b>								
Public Defender	6	EFFMAN, Norman	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/21	19.22	<input type="checkbox"/>
Coroner	6	WILLIAMS, Neil	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/23	5.542	<input type="checkbox"/>
Coroner	6	HILL, Renee	XXXX	XXXXXXXX	<input type="checkbox"/>	01/01/20-12/31/23	5.44	<input type="checkbox"/>

**SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE**

I, Cheryl J. Ketchum, secretary/clerk of the governing board of the County of Wyoming, 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 09th day of June, 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 County of Wyoming on this 21st day of July, 2020,  
 (Name of Employer)  
Cheryl J. Ketchum  
 (Signature of the secretary or clerk)

**Affidavit of Posting:** I, Cheryl J. Ketchum, being duly sworn, deposes and says that the posting of the  
 (Name of secretary or clerk)  
 Resolution began on 07/21/2020 and continued for at least 30 days. That the Resolution was available to the public on the  
 (Date)

- Employer's website at www.wyomingco.net
- Official sign board at up the stairs near the Probation main entry.
- Main entrance secretary or clerk's office at \_\_\_\_\_



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

1 0 0 5 6

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>									
BECKER, Brian	XXXX	XXXXXXXX	Supervisor	01/01/20-12/31/23	6	6.67	<input type="checkbox"/>	bi-weekly	<input type="checkbox"/>
JACOBY, Ronald	XXXX	XXXXXXXX	Supervisor	01/01/20-12/31/20	6	4.06	<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"/>
<b>Appointed Officials:</b>									
							<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"/>

