



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 TOWN OF COLTON / 30541 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 <i>(mm/dd/yy-mm/dd/yy)</i>	Record of Activities Result*	Not Submitted (Check only if official did not submit their Record of Activities)
Elected Officials								
TOWN CLERK	6	DONNA ARQUIETT	4020	4028663-5	<input type="checkbox"/>	01/01/18 - 12/31/21	24.26	<input type="checkbox"/>
HWY SUPT	8	KEVIN HAWLEY	9142	3862295-7	<input type="checkbox"/>	01/01/18 - 12/21/21	24.09	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>
Appointed Officials								
LIBRARY TECH	6	DENNIS EICKHOFF	5622	4066070-6	<input type="checkbox"/>	01/01/20 - 12/31/20	25.62	<input type="checkbox"/>
BTI SUPT	8	ANDREA MALIK	4387	3520719-0	<input type="checkbox"/>	01/01/20 - 12/31/20	23.34	<input type="checkbox"/>
BOOKKEEPER	8	SHELLEY RAYNER	9690	4263122-6	<input type="checkbox"/>	01/01/20 - 12/31/20	22.62	<input type="checkbox"/>

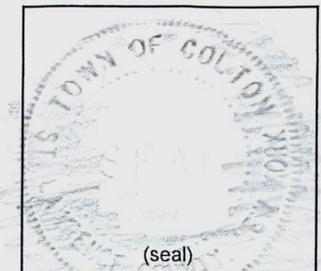
SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

I, DONNA BUCKLEY, secretary/clerk of the governing board of the TOWN OF COLTON, 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 JULY, 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 COLTON on this 15TH day of JULY, 2020,
 (Name of Employer)
Donna Buckley
 (Signature of the secretary or clerk)

Affidavit of Posting: I, DONNA BUCKLEY, being duly sworn, deposes and says that the posting of the
 (Name of secretary or clerk)
 Resolution began on July 16, 2020 and continued for at least 30 days. That the Resolution was available to the public on the
 (Date)

- Employer's website at WWW.TOWNOFCOLTON.COM
- Official sign board at 94 MAIN STREET, COLTON, NY 13625
- Main entrance secretary or clerk's office at 94 MAIN ST., COLTON, NY 13625





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Standard Work Day and Reporting Resolution for Elected and Appointed Officials Continuation Form RS 2417-B

(Rev. 8/15)

Title	Standard Work Day (Hrs/day) Min. 6 hrs, Max. 8 hrs	Name (First & 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)
Elected Officials								
					<input type="checkbox"/>			<input type="checkbox"/>
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Appointed Officials								
DPW/CEO SUPT	8	DARREN RICHARDS	3245	4103980-1	<input type="checkbox"/>	01/01/20 - 12/31/20	23.68	<input type="checkbox"/>
BOARD MEMBER	6	LISA FISHER-DAVIS	6822	3677291-1	<input type="checkbox"/>	01/01/2018-12/31/2021	.68	<input type="checkbox"/>
ASSESSOR	8	ROBERT BALL	2220	4234917-5	<input type="checkbox"/>	09/01/2019-09-30-2025	1.36	<input type="checkbox"/>
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