



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

## RS 2417-A

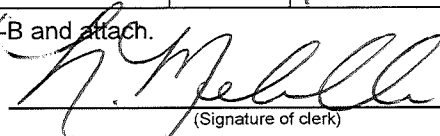
(12/10)

BE IT RESOLVED, that the Spackenkill Union Free School District / Location code 71315 hereby establishes the following as standard work days for elected and appointed officials and will report the following days worked to the New York State and Local Employees' Retirement System based on the time keeping system records or the record of activities maintained and submitted by these officials to the clerk of this body:

Title	Name	Social Security Number (Last 4 digits)	Registration Number	Standard Work Day (Hrs/day)	Term Begins/Ends	Participates in Employer's Time Keeping System (Y/N)	Days/Month (based on Record of Activities)	Tier 1 (Check only if member is in Tier 1)	Not Submitted (Check box if no record of activities completed or timekeeping system)
<b>Elected 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"/>
<b>Appointed Officials</b>									
District Clerk/Secretary to Sup't	Nancy Melilli	0131	40834194	7.5	7/1/2015 - 6/30/2016	Y		<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Valerie Murphy	0475	430226699	7.5	7/1/2015 - 6/30/2016	Y		<input type="checkbox"/>	<input type="checkbox"/>
Deputy Treasurer	Pamela Carpenter	6795	41661182	7.5	7/1/2015 - 6/30/2016	Y		<input type="checkbox"/>	<input type="checkbox"/>

If additional rows are needed, please use form RS2417-B and attach.

On this 8 day of June, 2015

  
 (Signature of clerk)

Date enacted: 07/01/2015

I, Nancy Melilli, clerk of the governing board of the Spackenkill Union Free School District, of the State of New York, do hereby certify that I have

(Name of Employer)

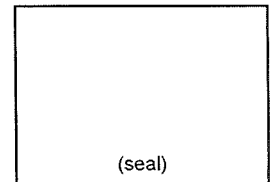
compared the foregoing with the original resolution passed by such board, at a legally convened meeting held on the 8 day of June, 2015 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

I further certify that the full board, consists of 5 members, and that 5 of such members were present at such meeting and that 5 of such members voted in favor of the above resolution.

IN WITNESS WHEREOF, I have hereunto Set my hand and the seal of the Spackenkill Union Free School District

(Name of Employer)

This document consists of 2 page(s) (see additional RS2417-B forms attached).





# Standard Work Day and Reporting Resolution Continuation Form

**RS 2417-B**

(12/10)

Title	Name	Social Security Number (Last 4 digits)	Registration Number	Standard Work Day (Hrs/day)	Term Begins/Ends	Participates in Employer's Time Keeping System (Y/N)	Days/Month (based on Record of Activities)	Tier 1 (Check only if member is in Tier 1)	Not Submitted (Check box if no record of activities completed or timekeeping system)
<b>Elected 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"/>
								<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>									
Purchasing Agent	Michele Moloney	7074	37974854	7.5	7/1/2015 - 6/30/2016	Y		<input type="checkbox"/>	<input type="checkbox"/>
Claims Auditor	Michelle Allesandrello	6911	41677543	7.5	7/1/2015 - 6/30/2016	Y		<input type="checkbox"/>	<input type="checkbox"/>
Deputy Claims Auditor	Laurie Pucino	2556	36317972	7.5	7/1/2015 - 6/30/2016	Y		<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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