Office of the New York State Comptroller
NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001
Please type or print clearly in blue or black ink

Employer Location Code
3 0 3 4 9

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.12/23)

BE IT RESOLVED, that the Town of Schuyler Falls / 30349 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:									
							☐		☐
							☐		☐
							☐		☐
Appointed Officials:									
Matthew Drollette			code Enforcement	06-09-26 to 12-31-26	6	11.03	☐	monthly	☐
							☐		☐
							☐		☐

I, Kelsy Russell, secretary/clerk of the governing board of the Town of Schuyler Falls, 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 4th day of Nov, 2026
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 Schuyler Falls on this _____ day of _____, 20____,
(Name of Employer)

K Russell
(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)

Page _____ of _____ (for additional rows, attach a RS 2417-B form.)