

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

Received Date

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

**RS 2417-A**

(Rev. 11/19)

Employer Location Code  
 3 0 0 6 1

BE IT RESOLVED, that the **TOWN OF GATES**

(Name of Employer)

/ **0001**

(Location Code) hereby established the following standard work days for these titles and will

report the officials to the New York State and Local Retirement based on their record of activities:

Name	Social Security Number	NYS SLRS ID	Title	Current Term Begin & End Dates	Standard Work Day	Record of Activities Result	Not Submitted	Pay Frequency	Tier 1
<b>Elected Officials:</b>									
Stephen Tucciarello	XXXX	XXXXXX	Councilman	01/01/24-12/31/27	6	6.39	<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
Andrew Loughlin	XXXX	XXXXXX	Councilman	01/01/22-12/31/25	6	4.11	<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
Larry Cordero	XXXX	XXXXX	Councilman	1/1/22-12/31/25	6	3.58	<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
<b>Appointed Officials:</b>									
							<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
							<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
							<input type="checkbox"/>	Biweekly	<input type="checkbox"/>

I, **Veronica M. Owens**

(Name of Secretary or Clerk)

secretary/clerk of the governing board of the **Town of Gates**

(Name of Employer)

of the State of New York,

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 10th day of May, 2024 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 Gates

on this 10th day of May

(Signature of Secretary or Clerk)

**Affidavit of Posting:** I, Veronica M. Owens being duly sworn, deposes and says that the posting of the Resolution began on

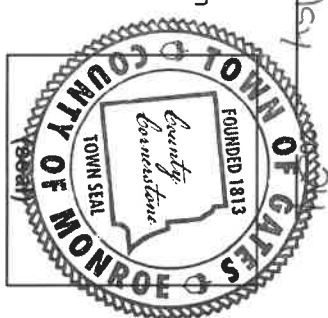
May 7 2024 and continued for at least 30 days. That the Resolution was available to the public on the:

www.townofgates.org

Employer's website at: www.townofgates.org

Official sign board at: \_\_\_\_\_

Main entrance Secretary or Clerk's office at: \_\_\_\_\_



Please type or print clearly  
 in blue or black ink

Employer Location Code

3 0 0 6 1

Received Date

**Standard Work Day and Reporting  
 Resolution for Elected and  
 Appointed Officials Continuation Form**

**RS 2417-B**

(Rev.04/20)

Name	Social Security Number	NYS SLRS ID	Title	Current Term Begin & End Dates	Standard Work Day	Record of Activities Result	Not Submitted	Pay Frequency	Tier 1
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**Elected Officials:**

Frank Cassara	XXXX	XXXXXXX	Justice	1/1/2-12/31/25	6	6.04	<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
Peter Pupatelli	XXXX	XXXXXXX	Justice	01/1/22-12/31/25	6	6.04	<input type="checkbox"/>	Biweekly	<input checked="" type="checkbox"/>
							<input type="checkbox"/>	Biweekly	<input type="checkbox"/>
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**Appointed Officials:**

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