



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 St. Lawrence-Lewis BOCES / Location code 50937 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)
Elected Officials									
Appointed Officials									
Cook Manager	David Gravin			8	7/1/2012-6/30/2013	Y			
Cook Manager	Peter Bertrand			8	8/13/2012-6/30/2013	Y			
Secretary to Dist. Supt.	Karen Morgan			8	6/30/1981-6/30/2013	Y			

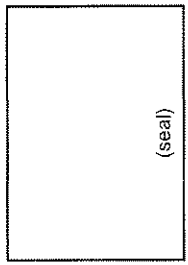
If additional rows are needed, please use form RS2417-B and attach.

On this 11 day of October, 2012 Date enacted: _____
 _____ (Signature of clerk)

I, _____, clerk of the governing board of the St. Lawrence-Lewis BOCES, 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 _____ day of _____, 20____ 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 _____ members, and that _____ of such members were present at such meeting and that _____ of such members voted in favor of the above resolution.

IN WITNESS WHEREOF, I have hereunto Set my hand and the seal of the St. Lawrence-Lewis BOCES
 _____ (Name of Employer)



This document consists of 1 page(s) (see additional RS2417-B forms attached).

(seal)