

Received Date

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

Employer Location Code

3 0 8 0 4

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

RS 2417-A

(Rev.11/19)


BE IT RESOLVED, that the TOWN OF CAMPBELL / 30804 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 | NYSLRS ID | Title | Current Term Begin & End Dates | Standard Work Day | Record of Activities Result | Not Submitted | Pay Frequency | Tier 1 |
|-----------------------------|------------------------|-----------|------------------------|--------------------------------|-------------------|-----------------------------|--------------------------|---------------|--------------------------|
| Elected Officials: | | | | | | | | | |
| Norman Maynard | | | TOWN SUPERVISOR | 01/01/26-12/31/26 | 6 | 4.35 | <input type="checkbox"/> | MONTHLY | <input type="checkbox"/> |
| Anthony Harris | | | HIGHWAY SUPERINTENDENT | 01/01/26-12/31/26 | 8 | 20 | <input type="checkbox"/> | BI-WEEKLY | <input type="checkbox"/> |
| Kathy Darcangelo | | | JUSTICE | 01/01/2023-12/31/2026 | 6 | 6.45 | <input type="checkbox"/> | MONTHLY | <input type="checkbox"/> |
| Appointed Officials: | | | | | | | | | |
| Holley Smalt | | | ASSESSOR | 10/01/2025-09/30/2031 | 6 | 19.09 | <input type="checkbox"/> | BIWEEKLY | <input type="checkbox"/> |
| Michael Austin | | | TOWN BOARD | 01/01/26-12/31/26 | 6 | 4.95 | <input type="checkbox"/> | MONTHLY | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> |

I, MICHELLE SEELEY, secretary/clerk of the governing board of the TOWN OF CAMPBELL, of the State of New York,
(Name of Secretary or Clerk) (Circle one) (Name of Employer)

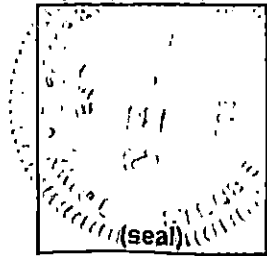
do hereby certify that I have compared the foregoing with the original resolution passed by such board at a legally convened meeting held on the 13th day of April, 2026 on file as part of the minutes of such meeting, and that same is a true copy thereof and the whole of such original.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the TOWN OF CAMPBELL on this 13th day of April, 2026
(Name of Employer)


(Signature of Secretary or Clerk)

Affidavit of Posting: I, MICHELLE SEELEY being duly sworn, deposes and says that the posting of the Resolution began on April 14, 2026 and continued for at least 30 days. That the Resolution was available to the public on the:
(Date)

- Employer's website at: www.campbellny.com
- Official sign board at: TOWN OF CAMPBELL 8529 MAIN STREET CAMPBELL, NY 14821
- Main entrance Secretary or Clerk's office at: _____



Received Date

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

RS 2417-B

(Rev.04/20)

Please type or print clearly
 in blue or black ink

Employer Location Code

3 0 8 0 4

| 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: | | | | | | | | | |
| MICHELLE SEELEY | | | TOWN CLERK | 01/01/25-12/31/26 | 6 | 29.23 | <input type="checkbox"/> | BI-WEEKLY | <input type="checkbox"/> |
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| Appointed Officials: | | | | | | | | | |
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