

## Items Required to be listed on the RS2417A

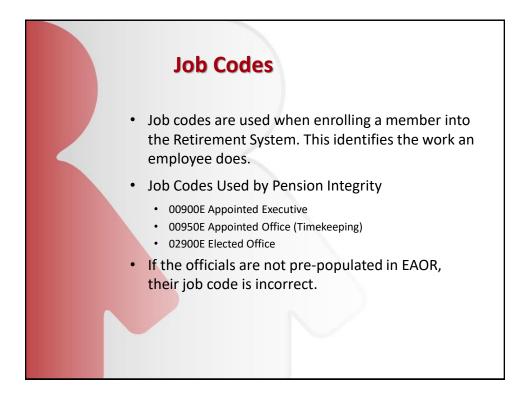
- First and last name of the official
- Last four digits of social security number
- NYSLRS ID
- Official's title
- The official's current term of office
- Standard Work Day- minimum of 6.00 hours and maximum of 8.00 hours
- ROA result
- Check mark if the official has not submitted an ROA
- Official's pay frequency
- Check mark if the official is a Tier 1 member
- Use page two (RS2417B) if the municipality has more than three each of elected and appointed officials.

Sample Entries										
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:										
John Smith	0000	R00000000	Highway Superintendent	1/1/2020- 12/31/2023	8.00	32.79		Bi-weekly		
Michelle Jones	1111	R11111111	Receiver of Taxes	1/1/2020 - 12/31/2024	6.00	N/A		Bi-weekly	<b>√</b>	
Michael Hall	2222	R22222222	Town Justice	1/1/2020 - 12/31/2024	6.25		$\checkmark$	Bi-weekly		
Appointed Officials:										
Joseph Gray	3333	R33333333	Planning Board Member	1/1/2021 - 12/31/2021	7.00	17.54		Monthly		
						)				

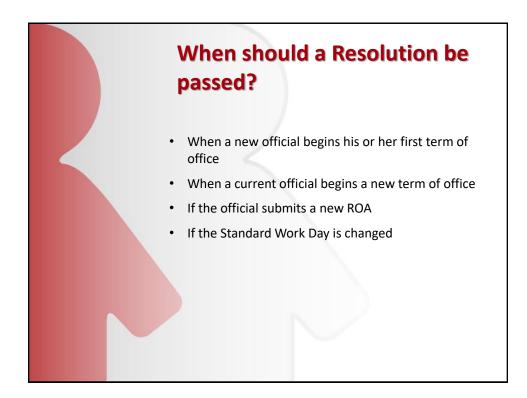
Retirement Or		nent On	line	Thomas P. DiMasori
NYSLRS Website • <u>Account Homepage</u> Welcome,			You are signed in as	State Comptroller Help Contact Us S <u>Sign out</u> Last Login: 08/29/2019 11:08 AM
	Notifications	Ø I want to		
	You have no Notifications at this time	Change My Password Manage My Security Profile View My Scheduled Events Find Documents	Manage Contact List Manage Security Access Submit Resolution For Official Update My Account Email	
		Upload a Member Document See NYSLRS News		
	My Cases			
	You hav	e no open cases at this time		

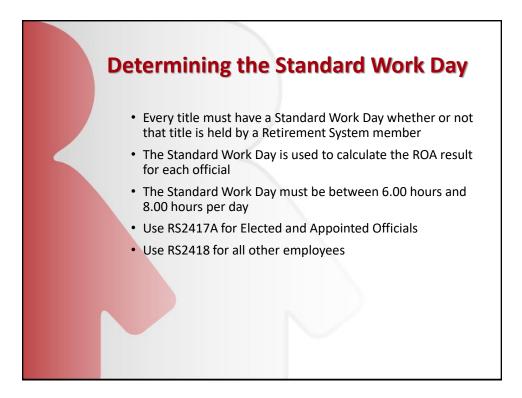


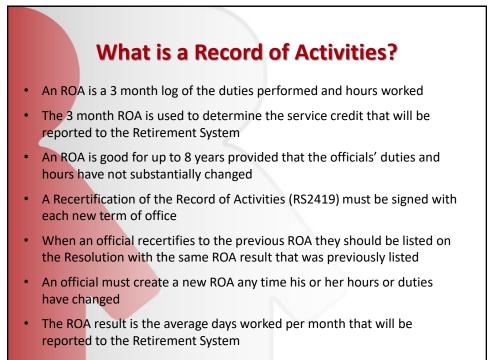
			Retire	men	t Onlin	е	
Elected and Appo	pinted Offici	al Resolution	Search				
Elected and Appointed	Official Resol	ution Search					
*Location Code Search by Employee		Q Last Name	First N	*Retirement	System V G Job Code		Search
List of Members						Find   View All   🖾   🔜	First 🕚 1 of 1 🕑 Last
NYSLRS ID	Last Name	First Name	Job Code		Job Effective Date	Last Resolution Date	View Add
							Cancel



	<b>Job Codes (continued)</b> Send an email to request job code changes
K	To     Pension Integrity       Send     Cc       Subject     Job Code Change
	Hello,
	Please update job codes for the following officials
	Mike Smith- Elected Office- Location Code 99999 Joe Doe- Appointed Executive- Location Code 99999 Jane Smith- Appointed Office (Timekeeping)- Location Code 99999
	Thank you







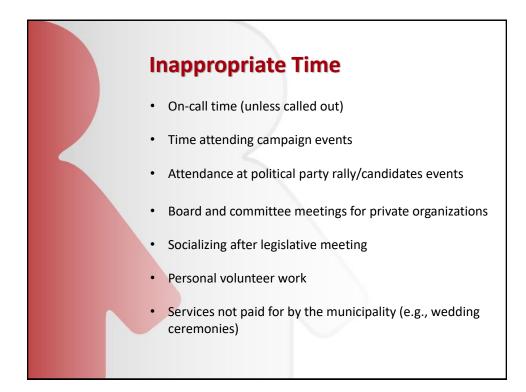
	le of One Week of an Elected/App	ointed Official's	Record of Activit	ies	January 10, 2019	Prepare for mtg. on 1/15	9:30 AM	11:00 AM	2.5
	Record of A	ctivities			January 10, 2019	Return phone calls	6:00 PM	7:00 PM	1
Tit	e John Smith le Town Supervisor er South Anytown				January 11, 2019	Prepare speech and materials for 1/15 mtg.	9:00 AM	11:00 AM	2
					January 11, 2019	Routine correspondence	11:00 AM	12:00 PM	1
Activity Log					January 11, 2019	Return phone calls	4:00 PM	5:00 PM	1
Enter the	row for each activity. You must inclu date, activity, start and end times, an				January 12, 2019	Committee mtg. on zoning	9:00 AM	12:00 PM	3
	r numbers (i.e. 2.75). new row, click the "Add New Row" bu	tton.			January 12, 2019	Return phone calls	4:00 PM	5:00 PM	1
To total th	ne number of hours, click the "Update	Total" button.							
Date	Activity	Start Time	End Time	Hours	Add New Row			Update Total	24
January 7, 2019	Taxpayer mtg.	1:00 PM	2:00 PM	1					
January 7, 2019	Return phone calls	2:00 PM	3:00 PM	1	of the ROA by	the full months of active working days the amount of time used for vacation			
January 7, 2019	Emergency call re: dog warden	12:00 AM	1:00 AM	1		g the three-month period. a completed recording activities for a	three-month per	iod print this wor	sheet and
January 8, 2019	Prepare speech for luncheon	12:00 PM	3:00 PM	3	sign and date i			,	
January 8, 2019	Return phone calls	3:00 PM	4:00 PM	1	With my signa	ture, I attest to the accuracy of the	ecord provided a	bove.	
January 9, 2019	Routine correspondence	9:00 AM	11:00 AM	2					
January 9, 2019	Guest speaker – luncheon mtg.	1:00 PM	3:00 PM	2	Signature		Dat	e	
January 9, 2019	Return phone calls	6:00 PM	7:00 PM	1					
January 10, 2019	Conference call with East and North Anytowns	9:00 AM	9:30 AM	0.5					
		2				Page 2	f2		
	Page 1 of								

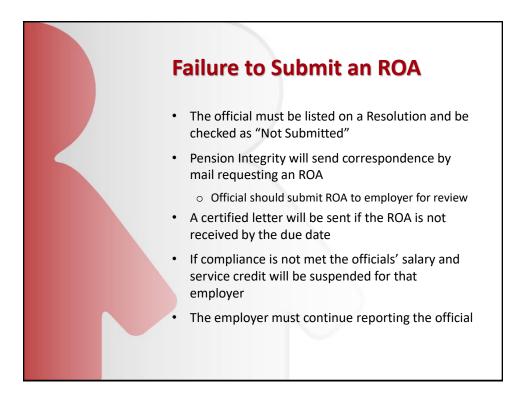
	Sa	mple entries	5:		
	Date	Activity	Start Time	End Time	Hours
Janua	ary 7, 2019	Taxpayer mtg.	1:00 PM	2:00 PM	1
Janua	ary 7, 2019	Return phone calls	2:00 PM	3:00 PM	1
Janua	ary 7, 2019	Emergency call re: dog warden	12:00 AM	1:00 AM	1
Janua	ary 8, 2019	Prepare speech for luncheon	12:00 PM	3:00 PM	3
Janua	ary 8, 2019	Return phone calls	3:00 PM	4:00 PM	1
Janua	ary 9, 2019	Routine correspondence	9:00 AM	11:00 AM	2
Janua	ary 9, 2019	Guest speaker – luncheon mtg.	1:00 PM	3:00 PM	2
Janua	ary 9, 2019	Return phone calls	6:00 PM	7:00 PM	1

Recertifi	ication of the Record of Activities	
	Office of the New York State Conjunctor  Control To Base Control State Conjunctor  Control State and Conflictment Stylese  Plane and Plane  Plane Pl	
	I,, certify that I completed a 3-month record of activities for the term that began for my position as I attest that the record of activities maintained for the above named term is still representative of my hours worked and that my responsibilities have not substantially or materially changed. My current term begins on and ends on	
	Signature of Member Date	
	NOTE: A record of activities and any certification based upon such record shall not be valid for more than eight years from the date of the taking of office for which the record of activities was initially maintained. Please keep this form on file in your records and submit a copy to NYSLRS only upon request.	

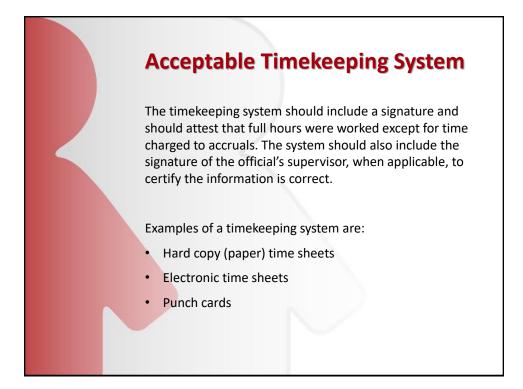
DAY 1	DAY 150	DAY 180
Ferm of Office / Appointment Begins	Complete Your ROA By	Submit Your ROA By
January 1, 2021*	May 30, 202	21 June 29, 2021
April 1, 2021	August 28, 20	021 September 27, 202
July 1, 2021	November 27, 2	2021 December 27, 202
January 1, 2022	May 30, 202	22 June 29, 2022
April 1, 2022	August 28, 20	022 September 27, 202
July 1, 2022	November 27, 2	2022 December 27, 202
or example, a county sheriff elected o	n Tuesday, November 3, 2020, would begin his/her	r new four-year term on January 1, 2021.

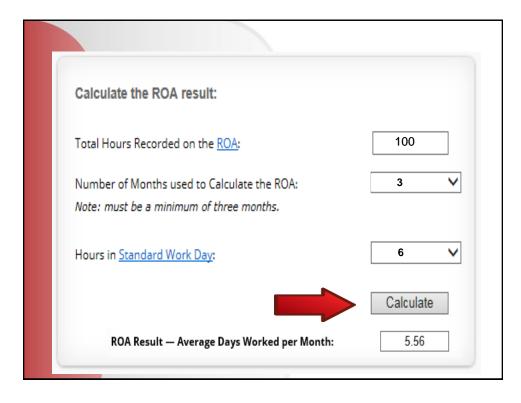


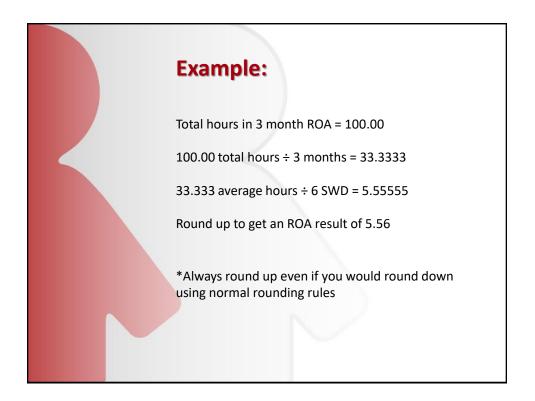




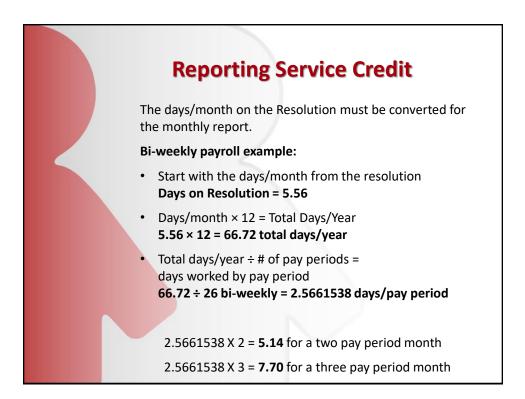


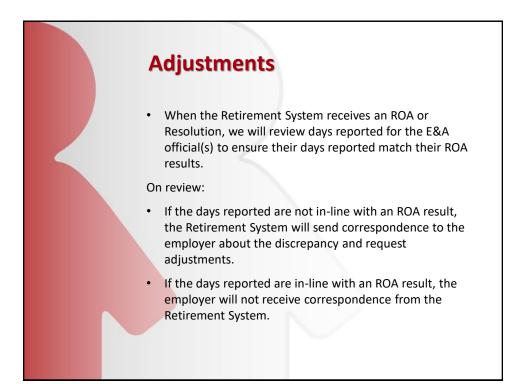






Calculate the days work	ked to put on your mon	thly report:
ROA Result:		5.56
Pay Period Frequency:		Bi-weekly
		Calculate
	Days Worked to Report: per month	5.14 for months with 2 pay period
		7.70 for months with 3 pay perio





	Wha	at Is Bein	g Adjus	sted				
				Employee Source Data				
				Payroll End Date▲	Days	Total Earnings	Pensionable Earnings	
Elected and Appointed	Official Resolution Fo	rm						
Jane Doe	NYSLRS ID R1	2345678	Empl Record 1	07/31/2019	10.77	\$1,720.36	\$1,720.36	
	Location Code 123	45 Town of Anywhere	Job Code 00900E	08/31/2019	10.77	\$1,720.36	\$1,720.36	
Official Information				09/30/2019	10.77	\$1,720.36	\$1,720.36	
Detailed Job Ti	tle Animal Control Officer							
-	ate 01/01/2020	Term End Date 12/31/202	)	10/31/2019	10.77	\$1,720.36	\$1,720.36	
Standard Work Day Hou Resolution Da	ars 6.00 ate 05/26/2020	Record of Activities Result 5.29 Pay Frequency Monthly		11/30/2019	10.77	\$1,720.36	\$1,720.36	
Monthly Report Calculati	on 5.29			12/31/2019	10.77	\$1,720.32	\$1,720.32	
				01/31/2020	10.77	\$1,763.37	\$1,763.37	
				02/29/2020	10.77	\$1,763.37	\$1,763.3	
1				03/31/2020	10.77	\$1,763.37	\$1,763.37	
				04/30/2020	10.77	\$1,763.37	\$1,763.37	
				05/31/2020	10.77	\$1,763.37	\$1,763.3	

		Adjus	stn	nent	Fc	orn	n (RS			
Office of the New York New York State and Loc 110 State Street, Albany, Please type or prim in blue or black ink	BLRS al Retirement System New York 12244-0001			Receive	ed Date			Ac Pens	ljustment ion Integr	Report for ity Bureau
Employer Locatio										RS 5527
		SEE INST	RUCTION	IS FOR COMPLI			EVERSE SIDE			(Rev. 03/20
	O NOT COMPLETE T	THIS FORM IF THIS INF						AND SERVIC	ECERTIFICATIO	N
Employer Name:	Const commetter			nployer Code:			Report Code:			of
NYSLRS ID:	Emp Inst	Member's Name		Last 4 digits o Social Security Number:	f Repo 7 Mor	ort Period hth/Year:	Days Adjustment:	Days for Period Should Be:	Salary Adjustment:	Salary for Period Should Be:
		Last First	M.I.							
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accounting of all such iny other report. I cer lays or was paid the	adjustments. They have tify that each person actu adjusted amount of salary	stitute a true, correct and o not been and will not be s ally worked the adjusted no y and that this data was de w York State Codes, Ru	hown on umber of termined		тот	ALS				
Certified By:		Title:			Date:		Telephone Nur ( )			
Il Changes to your m	onthly report (except redu	ctions in contributions) mus		on this form. For a RETIREMENT SYS			service credit purcha	se, please call 51	8-474-2987 for instr	uctions.

