

Received Date:

Received Date:

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Use any type of print/clarify in blue or black ink

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE

I hereby established the following statutory work days for these times and will

(Name of Employee) / (Position)

Name	Social Security Number	NYSLRS ID	Title	Current Term Begins	Standard Work	Record of Activities	Not	Pay	Tier 1
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[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/>	[Redacted]	<input type="checkbox"/>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/>	[Redacted]	<input type="checkbox"/>

Appointed:

Appointed:

Appointed:

1/4

Official sign board at:

Main entrance, Secretary of Clerks' Committee

(seal)