

## Recertification of the Record of Activities

Please type or print clearly  
in blue or black ink

Received Date

**RS 2419**

(Rev. 06/22)

**NYSLRS ID**

R 1 2 0 4 0 2 3 0

**Social Security Number** [last 4 digits]

XXX-XX- 7 0 3 1

**Retirement System** [check one]

Employees' Retirement System (ERS) ☒

Police and Fire' Retirement System (PFRS) ☐

I, Jerome D. Schad, certify that I completed a 3-month record of activities for the term that began 4/28/2019 for my position as ECWA Board Member. 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 4/28/2025 and ends on 4/27/2028.

  
Signature of Member

5/15/2025  
Date

Employer Location Code: 50629

**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.