

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Office of Children and Family Services
 State Agency Department ID: 3100000 Agency Business Unit: CFS01
 Contractor Name: Amy Bissada Contract Number: S010200
 Contract Start Date: 05/01/2018 Contract End Date: 4/30/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066	1.00	516/yr AB-0.00	\$583,200.00
	0.00	-648/yr SD 0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	0.00	\$583,200.00
Grand Total	1	516/yr -648 SD	\$583,200

Name of person who prepared this report: Amy Bissada
 Title: psychiatrist Phone #: 8327460852
 Preparer's Signature: *Amy Bissada*
 Date Prepared: 3/23/2018