

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Department of Civil Service	
State Agency Department ID: 3150200	Agency Business Unit: DCS01
Contractor Name: Comprehensive Occupational Medical Services, PC	Contract Number: C000697 <i>CUB</i>
Contract Start Date: 07/01/2018	Contract End Date: 06/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Nursing	2.00	1,960.00	\$98,000.00
Billing / Accounting	1.00	300.00	\$12,000.00
Physician	1.00	1960	\$490,000.00
Total this Page	4.00	4,220.00	\$600,000.00
Grand Total			

Name of person who prepared this report: *DORIANNE CHUTE*
 Title: *DIRECTOR FINANCE* Phone #: _____
 Preparer's Signature: *[Signature]*
 Date Prepared: *10/9/2018*