

DOH01 - S033291 - 3450000

Reporting Code: CUB

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Agency Code: 12000

Contractor Name: Samuel Feldman, MD

Contract Number: S033291

Contract Start Date: 1/1/2019

Contract End Date: 12/31/2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physicians and Surgeons	1	540	\$40,500
Total this page	1	540	\$40,500
Grand Total	1	540	\$40,500

Name of person who prepared this report: Samuel Feldman, MD

Title: Sole Proprietor

Phone #:

Preparer's Signature:



Date Prepared: 11 12/12/2018

(Use additional pages, if necessary)