AC 3271-S (Effective 4/12)

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: GOER
State Agency Department ID:
Contractor Name: JACQUELIN F. DRUCKER
Contract Start Date: 1/1/2019

Agency Business Unit: GER01 - 518003
Contract Number: 11 20000
Contract End Date: 12/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	0.00	0.00	$0.00
Administrative	1 ~~0.00~~	960 ~~0.00~~	50,000 ~~$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	0.00	0.00	$ 0.00
Grand Total			50,000

BNS 3/28/19

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Name of person who prepared this report:
Title: ARBITRATOR
Preparer's Signature: [signature]
Date Prepared: 9/30/2018
Phone #: 212 688 3819

(Use additional pages, if necessary)