

FORM A

OEROI-S18006-1120000

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

State Agency Name: GOV'S OFF EMP RELS
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: JEFFREY SELCHICK Contract Number: S18006-1120000
 Contract Start Date: 1/1/19 Contract End Date: 12/31/19

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>REGIONAL ARBITRATOR</u>	<u>1</u> 0.00	<u>800</u> 0.00	<u>54,000.00</u> 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	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	<u>1</u>	<u>800</u>	<u>54,000.00</u>

Name of person who prepared this report: JEFFREY SELCHICK
 Title: REGIONAL ARBITRATOR Phone #: 518 783 0016
 Preparer's Signature: [Signature]
 Date Prepared: 8/11/18