

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: *GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS*
 State Agency Department ID: *1120000* Agency Business Unit: *OERO1*
 Contractor Name: *MICHAEL J. SMITH* Contract Number: *000000123*
 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
<i>ARBITRATOR</i>	<i>1.0</i> 0.00	<i>946</i> 0.00	<i>52,000</i> \$0.00
<i>23-1022</i>	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	<i>1.0</i> 0.00	<i>946</i> 0.00	<i>52,000</i> \$ 0.00
Grand Total	<i>1.0</i>	<i>946</i>	<i>52,000</i>

Name of person who prepared this report: *MICHAEL J. SMITH*
 Title: *REGIONAL ARBITRATOR* Phone #: *518-439-1411*
 Preparer's Signature: *[Signature]*
 Date Prepared: *11/28/18*