

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: 1120000  
 Contractor Name: Nancy E Hoffman  
 Contract Start Date: 1/1/2019  
 Agency Business Unit: DER01  
 Contract Number: DER01-518010-1120000  
 Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>ARBITRATOR</u>	<u>1</u> 0.00	<del>768</del> 0.00	<del>768</del> \$0.00
	0.00	<u>1536</u> 0.00	<u>134,000.00</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
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report: Nancy E Hoffman  
 Title: Arbitrator  
 Preparer's Signature: Nancy E Hoffman  
 Date Prepared: 8/1/18 2018  
 Phone #: 518-441-5099