

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: SUNY Downstate Medical Center Agency Code: 3320218
 Contractor Name: Careline Services, Inc. Contract Number: C319493
 Contract Start Date: January 1, 2019 Contract End Date: December 31, 2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
RN 29-1141.03	1	2,000	\$145,000-
Total this page			
Grand Total			\$145,000-

Name of person who prepared this report: DAVID CANLER
 Title: GENERAL MANAGER Phone #: 212 686 8851
 Preparer's Signature: *[Signature]*
 Date Prepared: 4/4/19
 (Use additional pages, if necessary)