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: OCFS

State Agency Department ID: 3400000 Contractor Name: Shehal R-Sheth MD

Contract Start Date: 7 /1/2020

Agency Business Unit: CFS01 Contract Number: S 010228

Contract End Date: 6 30/2023

/ Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric \	20.00	0.00	\$0,00
services)	(eno) 0.00	0.00	不可以不可以
~ 29-1066.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
2	0.00	0.00	\$0.00
	0.00	王664 0.00	785.880 0.00
	0.00	5,328 SD 0.00	1,571,760 \$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
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	0.00	+==+=	\$0.00
	0.00	5632800 0.00	\$0.00
Total this Page	/ 000	1565 Trs 8:00	787 80.00
Grand Total	1	1500 hs	FORESE

Name of person who prepared this report: Snehgl R. Sheth MD (%)

Title: M.D. Phone #: 845-797-5252

Preparer's Signature:

Date Prepared: 61/120

(Use additional pages, if necessary)

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