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: NYS Department of Health

Contractor Name: Millennium Plastic Surgery, PC

Contract Start Date: 1/1/2021

Agency Code: 12000

Contract Number: C033286

Contract End Date: 12/31/2021

| Employment Category     | Number of<br>Employees | Number of hours to be worked | Amount Payable<br>Under the Contract |
|-------------------------|------------------------|------------------------------|--------------------------------------|
| Physicians and Surgeons | 1                      | 900                          | \$67,500                             |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         | <del></del>            |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
|                         |                        |                              |                                      |
| Total this page         | 1                      | 900                          | \$67,500                             |
| Grand Total             | 1                      | 900                          | \$67,500                             |

|  |  | prepared t |  |  |  |
|--|--|------------|--|--|--|
|  |  |            |  |  |  |
|  |  |            |  |  |  |
|  |  |            |  |  |  |

Title: Sole Proprietor
Preparer's Signature:

Date Prepared: 1/P4/2020

(Use additional pages, if necessary)

Cell Phone #: 5763129740 Office 5768296567

Page 1 of 1