

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: *Snehal R. Sheeth MD*
 Contract Start Date: *12/11/2021*
 Agency Business Unit: CFS01
 Contract Number: *5010238*
 Contract End Date: *11/30/2024*

| Employment Category <small>SD</small> | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------------|----------------------------|------------------------------|------------------------------------|
| <i>Psychiatrist 29-1223,00</i> | <i>1</i> 0.00 | <i>2,664</i> 0.00 | <i>772,560</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 | \$0.00 |
| Total this Page | <i>one</i> 0.00 | <i>2,664</i> 0.00 | <i>\$772,560</i> \$0.00 |
| Grand Total | <i>one</i> | <i>2,664 hrs</i> | <i>\$772,560.00</i> |

Name of person who prepared this report: *Snehal R. Sheeth MD*
 Title: *MD* Phone #: *845-797-5252*
 Preparer's Signature: *[Signature]*
 Date Prepared: *10/18/21*