

**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 Agency Code: 12000  
 Contractor Name: Michael L. Gelfand, MD Contract Number: S033292  
 Contract Start Date: 1/1/2022 Contract End Date: 12/31/2022

| Employment Category     | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|-------------------------|---------------------|------------------------------|-----------------------------------|
| Physicians and Surgeons | 1                   | 540                          | \$40,500                          |
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|                         |                     |                              |                                   |
| <b>Total this page</b>  | <b>1</b>            | <b>540</b>                   | <b>\$40,500</b>                   |
| <b>Grand Total</b>      | <b>1</b>            | <b>540</b>                   | <b>\$40,500</b>                   |

Name of person who prepared this report: Michael L. Gelfand, MD  
 Title: Sole Proprietor

Phone #: 518-852-5906

Preparer's Signature: *MD Gelfand*

Date Prepared: 1/31/22

(Use additional pages, if necessary)