	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: <u>NYSDEC</u> Agency Code: <u>09000</u>					
Contractor Name:Contract Number: C012379					
Contract Start Date://	Contract End Date://				
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract		
Total this page					
Grand Total					
Name of person who prepared this report:					
Preparer's Signature:					
Date Prepared:/_/					
(Use additional pages, if necessary) Pageof					