

**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 S. Jakubowski, MD Contract Number: S038063  
 Contract Start Date: 1/1/2023 Contract End Date: 12/31/2023

| Employment Category     | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|-------------------------|---------------------|------------------------------|-----------------------------------|
| Physicians and Surgeons | 1                   | 720                          | \$72,000.00                       |
|                         |                     |                              |                                   |
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| Total this page         | 1                   | 720                          | \$72,000.00                       |
| Grand Total             | 1                   | 720                          | \$72,000.00                       |

Name of person who prepared this report: Michael S. Jakubowski, MD  
 Title: Sole Proprietor Phone #: 518-408-0216  
 Preparer's Signature: *Michael S. Jakubowski*  
 Date Prepared: 12/21/2022  
 (Use additional pages, if necessary)