## **FORM A**

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

## State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: OASAS
Contractor Name:

Contract Start Date: 11/1/2077
Contract End Date: 10/31/2027

	Number of	Number of hours to	Amount Payable
Employment Category 1	Employees	be worked	Under the Contract
29-1223.00 Psychiatrist	2	4160	1827,840
20 102 2 2 2 2011		<del>                                     </del>	1 11
29-1223.00 PSYchiatrist	4[0	NIA	\$ 15,000
(Morthly 24x7 on-call			
stipend of 250 per month			
	-		
			· · · · · · · · · · · · · · · · · · ·
Total this page	2	460	842.840
	~	./ 1 / 4	8112 010
Grand Total	<u>ا</u>	14160	1840, X40

Name of	person	who	prepared	this	report:
	L -1 - 1.		h. 20 f		

Title: In Administration

Preparer's Signature:

Date Prepared: カルカル (Use additional pages if necessary)

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