## **ATTACHMENT H**

OSC Use Only:

		l	l l
		Reporting Code:	
		Category Code:	
		Date Contract Approved:	
FORM A			
State Consultant Se	rvices - Contrac	ctor's Planned Er	nplovment
From Contract Start D			
Trom Contract Ctart D	ato mough n	10 2110 01 1110 00	ontrade romi
	<u> </u>		
State Agency Name: Elmira Psychiatric Center Agency Code: Contractor Name: Monroe: webbook Contract Number:			
Contract Number: Contract Start Date Contract End Date: [Contract End Date]			
Tomas Care Date. [Communication	Contrac	ct End Date: [Contrac	t End Datej
		1	T
	Number of	Number of hours to	Amount Payable
Employment Category <sup>1</sup>	Employees	be worked	Under the Contract
Psychiatrist 29-1223	2	24 hrs per week	JO 7 1.624. 400
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		_	
Total this page	0	0	
Grand Total  Name of person who prepared this	report:		
	-	<b>5</b> 1 "	512-270-2884
Title: Chief Executive of		Phone #:	0 ( L- L 10 - LODG
Preparer's Signature: CULLAN	no		
Date Prepared:う パタノン			
(Use additional pages, if necessary)			Page of

<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <u>online.onetcenter.org</u> to find a list of occupations.)