

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: Office of Children and Family Services  
 State Agency Department ID: 3400302                      Agency Business Unit: CFS01  
 Contractor Name: Susan Burns                                      Contract Number: PH68613  
 Contract Start Date: 10/16/2023                                      Contract End Date: 10/15/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-2051.01	1.00	4,000.00	\$63.69
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	4,000.00	\$ 63.69
<b>Grand Total</b>	1.00	4,000.00	\$254,760

Name of person who prepared this report: Julie Moessner  
 Title: Business Systems Analyst 3  
 Preparer's Signature: Julie Moessner  
 Date Prepared: 10/4/2023

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