

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: Snehal R. Shekh MD OCS
 State Agency Department ID: OEPS 340000 Agency Business Unit: CP801
 Contractor Name: Snehal R. Shekh MD Contract Number: 5010260
 Contract Start Date: 7/1/23 Contract End Date: 6/30/26

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services	(16) 0.00	1248 0.00	106,720 \$0.00
Services	1 0.00	3744 0.00	29,152 \$0.00
29-1223.00	one 0.00	3744	\$0.00
	0.00	0.00	\$0.00
	0.00	5,328 [⊕]	2,077,920.00 [⊕] \$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	5,328 [⊕]	2,077,920.00 [⊕] \$0.00
Total this Page	one 0.00	3744	1,465,160 [⊕] \$0.00
Grand Total	one	3744 5,328 [⊕]	1,465,160 [⊕] 2,077,920.00 [⊕] \$0.00

Name of person who prepared this report: Snehal R. Shekh (3yrs)
 Title: MD Phone #: 845-797-5252
 Preparer's Signature: _____
 Date Prepared: 8/14/23