

AC 3271-S (Effective 4/12)

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: OCFS
 State Agency Department ID: 3400000
 Contractor Name: *Judith Zelenevych*
 Contract Start Date: *12/1/23*

Agency Business Unit: CFS01
 Contract Number: *SD10267*
 Contract End Date: *11/30/28*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>11-9111.00</i>	1.00	<i>8,450</i> 0.00	<i>388,700</i>
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	0.00	\$ 0.00
Grand Total	<i>1.00</i>	<i>8,450</i>	<i>388,700.00</i>

Name of person who prepared this report: *Judith Zelenevych*
 Title: *Contractor* Phone #: _____
 Preparer's Signature: *[Signature]*
 Date Prepared: *11/20/23*