

**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b> From Contract Start Date Through the End of the Contract Term
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State Agency Name: <b>Office of the State Comptroller</b>	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: <i>William E. Storck</i>	Contract Number: <i>S022021</i>
Contract Start Date: <i>1/1</i>	Contract End Date: <i>3/31/2025</i>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>HEARING OFFICER</i>	<i>1</i>	<i>AS NEEDED</i>	<i>MAX \$207,000</i>
<b>Total this page</b>	0	0	\$ 0.00
<b>Grand Total</b>	<i>1</i>		<i>MAX \$207,000</i>

Name of person who prepared this report:

Title: *HEARING OFFICER*

Phone #: *518-258-9728*

Preparer's Signature: *[Signature]*

Date Prepared: *3/21/23*

(Use additional pages, if necessary)

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