

OSC Use Only:
Reporting Code: _____
Category Code: <u>CWA</u>
Date Contract Approved: _____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT**  
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

**FORM A**

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Elizabeth Harre</u>	Contract Number: <u>5010174</u>
Contract Start Date: <u>12/1/15</u>	Contract End Date: <u>11/30/2016</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1066.00</u>	<u>1</u>	<u>884 SD</u>	<u>176,800 SD</u>
<b>Total this page</b>	<u>1</u>	<u>884 SD</u>	<u>\$ 176,800 SD</u>
<b>Grand Total</b>	<u>1</u>	<u>884 SD</u>	<u>\$ 176,800 SD</u>

Name of person who prepared this report: Elizabeth Harre

Title: Supervising Psychiatrist Phone #: (347) 308-4672

Preparer's Signature: *Elizabeth Harre*

Date Prepared: 09/04/2015

(Use additional pages, if necessary)