OSC Use Only:
Reporting Code:
Category Code: CUB
Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: **New York State Department of Health** Agency Code: **12000**

Contractor Name: **Alvin Rudorfer DO** Contract Number: **S029994**

Contract Start Date: **1/1/2015** Contract End Date: **12/31/15**

DOH01-S029994-3450000

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1062.00 Family Medicine	SELF	1,166.66	$ 70,000
Total this page	0	1166.66	$ 70,000
Grand Total	0	1,166.66	$ 70,000

Name of person who prepared this report: Alvin Rudorfer DO

Title: Medical Coordinator Phone #: 516 482-8366

Preparer's Signature: [signature]

Date Prepared: 5/19/15

(Use additional pages, if necessary)