

OSC Use Only:

Reporting Code:

Category Code:

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: **Burt R Meyers MD PC**Contract Number: **S030847**Contract Start Date: **1/1/2016**Contract End Date: **12/31/16**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00 Internal Medicine/Infectious Disease	SELF	1,080	\$ 64,800
Total this page	0	1,080	\$ 64,800
Grand Total	0	1,080	\$ 64,800

Name of person who prepared this report: Burt R Meyers MD PC

Title: Medical Coordinator

Phone #: 914 478 5776

Preparer's Signature: *Burt R Meyers*

Date Prepared: 1/1/2015

(Use additional pages, if necessary)