

**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: Governor's Office of Employee Relations

State Agency Department ID: 1120000

Agency Business Unit: OER01

Contractor Name: Jeffrey M. Selchick

Contract Number: S15003

Contract Start Date: 08/01/2015

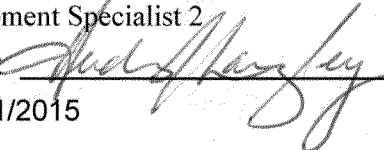
Contract End Date: 12/31/2015

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Arbitrator	1.00	720.00	\$50,500.00
	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	720.00	\$50,500.00
<b>Grand Total</b>	1.00	720.00	\$50,500.00

Name of person who prepared this report: Heidi J. Langley

Title: Contract Management Specialist 2

Phone #: 518-473-4382

Preparer's Signature: 

Date Prepared: 09/01/2015

(Use additional pages, if necessary)

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