FORM A

CUE

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS

State Agency Department ID: 3400000

Contractor Name: The Sne hal R. Shoth mp

Contract Start Date: 7 / / /8

Agency Business Unit: CV50\
Contract Number: 7BD 50\020\
Contract End Date: 6 30/2021

40.00

Number of **Number of Hours Amount Payable Employment Category Employees** to be Worked **Under the Contract** 1944 SD -40.00 Psychiatrist 29 -10(0(0,00 SD 1.00 \$114000.00 0.00 0.00 \$ 554 040\$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 \$554,040 \$ 0.00 944 60 40.00 Total this Page 1.00

Name of person who prepared this report Snehal	R Sheth MD
Title: MD	Phone #: 845-797-5252
Preparer's Signature:	
Date Prepared: 03/30/2018	

1.00

(Use additional pages, if necessary)

**Grand Total** 

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\$144,000.00