

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
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**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>Razrlink Technology dba The Executive</u>	<b>Contract Number:</b> <u>C027865</u>
<b>Contract Start Date:</b> <u>6/11/2016</u>	<b>Contract End Date:</b> <u>10/31/2020</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
39-5011.00	1	720	\$90,100.00
<b>Total this page</b>	1 <sup>SD</sup>	720 <sup>SD</sup>	\$ 90,100 <sup>SD</sup>
<b>Grand Total</b>	1 <sup>SD</sup>	720 <sup>SD</sup>	\$ 90,100 <sup>SD</sup>

**Name of person who prepared this report:** Eric Blake

**Title:** Owner **Phone #:** 8886862272 #1

**Preparer's Signature:** 

**Date Prepared:** 6/13/16

(Use additional pages, if necessary)