

<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**

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Susan Fisher OD</u>	Contract Number: <u>5010181</u>
Contract Start Date: <u>5/11/2016</u>	Contract End Date: <u>4/30/2021</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
<u>29-1069.06</u>	<u>1</u>	<u>325</u>	<u>\$81,250</u>
<b>Total this page</b>			<u>\$81,250</u> \$
<b>Grand Total</b>			<u>\$81,250</u> \$

Name of person who prepared this report: Robert Kennedy  
 Title: CMS-II Phone #: (518)474-7785  
 Preparer's Signature: [Signature]  
 Date Prepared: 6/7/2016