

OSC Use Only:	
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>Margaret Beyer</u>	Contract Number: <u>5010187</u>
Contract Start Date: <u>11/15/16</u>	Contract End Date: <u>11/14/18</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
DOJ Monitor Clinical Psychologist 19-30331.00	1 (self)	Less than 20 hrs/month	100,000 sm ^{W/21}
Total this page			\$ 100,000
Grand Total			\$ 100,000

Name of person who prepared this report: Margaret Beyer

Title: Contractor, DOJ Monitor **Phone #:** 703-966-8336

Preparer's Signature: Margaret Beyer

Date Prepared: 10/10/16