

<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**

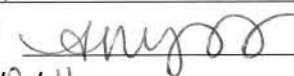
**FORM A**

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Amy Bissada</u>	Contract Number: <u>5010188</u>
Contract Start Date: <u>11/2/16</u>	Contract End Date: <u>10/31/2017</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>29-1066.00</u>	<u>1</u>	<u>AB 10-15/week</u> <u>AB 500-750/yr</u> <u>780 hours</u>	<u>224,250.00 total</u>
<b>Total this page</b>			\$
<b>Grand Total</b>			<u>224,250.00</u> \$

Name of person who prepared this report: Amy Bissada

Title: Psychiatrist Phone #: 832-746-0852

Preparer's Signature: 

Date Prepared: 11/2/16

(Use additional pages, if necessary)