

**OSC Use Only:**  
 Reporting Code: *LUB*  
 Category Code:  
 Date Contract Approved:

**FORM A**

State Consultant Services - Contractor's Planned Employment  
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: **New York State Department of Health** Agency Code: **12000**  
 Contractor Name: **Carl A. Paulsen M.D** Contract Number: **S032299**  
 Contract Start Date: **1/1/2017** Contract End Date: **12/31/17**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Orthopedic Surgery	SELF	1,065	\$ 63,900
Total this page	0	1,065	\$ 63,900
Grand Total	0	1,065	\$ 63,900

Name of person who prepared this report: Carl A. Paulsen M.D

Title: Medical Coordinator

Phone #: *518-402-0875*

Preparer's Signature: *Carl Paulsen M.D*

Date Prepared: *1/3/2017*

(Use additional pages, if necessary)