

FORM A

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

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

State Agency Name: *NV State Office of Alcoholism & Substance Abuse Services* Agency Code: *3670000*
 Contractor Name: *LocumTenens.com* Contract Number: *C204240*
 Contract Start Date: *8/13/16* Contract End Date: *5/13/17*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Medical Locum Tenen Service Clinical Physician</i>	<i>1</i>		<i>\$ 258,650</i>
Total this page	0	0	<i>\$ 258,650</i> \$ 0.00
Grand Total			<i>\$ 258,650</i>

Name of person who prepared this report: *Janet Ridling*
 Title: *Proposal Specialist* Phone #: *678-690-7642*
 Preparer's Signature: *Janet Ridling*
 Date Prepared: *12/21/16*
 (Use additional pages, if necessary) Page 1 of 1