

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

| | |
|---|-------------------------------|
| State Agency Name: State Education Department | Agency Business Unit: SED01 |
| State Agency Department ID: 3300200 | Contract Number: S012779 |
| Contractor Name: Dr. Joanne Zeller | Contract End Date: 05/31/2018 |
| Contract Start Date: 10/01/2016 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------|---------------------|------------------------------|-----------------------------------|
| *19-3031.02 - approximate | 1.00 | 350 hrs. 0.00 | \$50,000.00 |
| | 0.00 | - 540 hrs 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 1.00 | 0.00 | \$50,000.00 |
| Grand Total | | | \$50,000.00 |

Name of person who prepared this report:

Title: Clinical Psychologist

Preparer's Signature: Joanne Zeller PhD

Date Prepared: 11/10/17/16

Phone #: 516-425-9464