

OSC Use Only:
Reporting Code: <u>CUB</u>
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

CFS01-5010190-3400000

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Andrca Sondley</u>	Contract Number: <u>5010190</u>
Contract Start Date: <u>12/1/2017</u>	Contract End Date: <u>11/30/2018</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>1066.00</u>	<u>1^{SD} self</u>	<u>12^e / week 884 hrs^{SD}</u>	<u>\$250.00/hr. \$221,000/yr^{SD}</u>
Total this page			\$
Grand Total			\$

Name of person who prepared this report: Andrca Sondley

Title: e+A Psychiatrist Phone #: 385-451-5402

Preparer's Signature: [Signature]

Date Prepared: 10/31/2017

(Use additional pages, if necessary) Page (of)