## ATTACHMENT H Consultant Disclosure Form A

OMHOI	-CM1002	OSAF-3	6505	47
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OSC Use Only:

Reporting Code: CUG

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: NYS Office of Mental Health

14.04.000.000

Agency Code: 3650000

Contractor Name: LocumTenens.com LLC - A. Elmouchtari

Contract Number: OMH01-

CM100205AE-3650547

Contract Start Date: 2/1/2018

Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	4288	\$1,068,426.67
		-	
		Laboratoria de la companya de la com	
Total this page		0	V
Grand Total		1 4,288	\$1,068,426.67

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Date Prepared: 3/15/2018

(Use additional pages, if necessary)

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<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <u>online.onetcenter.org</u> to find a list of occupations.)