## ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:
Reporting Code:
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

Contractor Name: LocumTenens.com LLC - M. Metelitson

Agency Code: 3650000 Contract Number: OMH01-

CM100205AH-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	6912	\$1,595,672.00
	×		
1			
3			
Total this page		0 0	
Grand Total		1 6,912	\$1,595,672.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: / /

(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.)