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: 51000 State Agency Department ID: 3660243 Contractor Name: Russell Tobe Contract Start Date: 07/01/2017

Agency Business Unit: OPD01 Contract Number: SOSTA00046 Contract End Date: 06/30/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Health Service	1.00	1,200.00	\$480,000.00
	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	0.00	\$0.00
Total this Page	1.00	1,200.00	\$480,000.00
Grand Total			

Name of person who prepared this report: Russell Tobe MD

Title: Medical Director Preparer's Signature:

Date Prepared: 04/19/2017

Phone #: 773-758-7877

(Use additional pages, if necessary)

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