FORM A

CFS01-5010202-3400000

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Office of Children and Family Services

State Agency Department ID: 3400000 Contractor Name: Andrea Kay Faulkner

Contract Start Date: 09/01/2018

Agency Business Unit: (FSO)

Contract Number: S010202 Contract End Date: 08/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00	1.00	6,360.00	\$1,462,800.00
	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	6,360.00	\$1,462,800.00
Grand Total	1.00	6,360.00	\$1,462,800.00

Name of person who prepared this report: Andrea Kay Faulkner

Title: Supervising Psychiatrist

Ray Fall Mrs. 585-381-5393

Preparer's Signature: (Inches

Date Prepared: 07/30/2018

(Use additional pages, if necessary)

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