FORM A

New York State Consultant Services **Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

CFS01 - S010206 - 3400000

State Agency Name: Office of Children and Family Services

State Agency Department ID: 3400000 SD

Agency Business Unit: CFSO\SD

Contractor Name: Elizabeth Harre

Contract Number: S010206

Contract Start Date: 12/1/2018

Contract End Date: 11/30/2021

Page of

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00	1 0.00	2,028 -0.00	\$ 290/hr\$0.00
Psychiatri 3+ 51)	0.00	2,664 0.00	\$ 772,560 5 \$0.00
3	0.00	50.00	\$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	_{≶D} \$0.00
	0.00	2,664 50 0.00	\$777.560 \$0.00
Total this Page	1 0.00	2,028 0.00	\$588,120 \$ 0.00
Grand Total	1	-2,028	\$588,120

Name of person who prepared this report:	arer exist of the
Title: Elizabeth Harre, Psychiatrist	Phone #: 347-308-4672
Preparer's Signature: 2 CHANNE NO	
Date Prepared: 10 /26/ 2018	

(Use additional pages, if necessary)