

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: *Governor's Office of Employee Relations*
 State Agency Department ID: *S15004* Agency Business Unit: *OERO1*
 Contractor Name: *Jay M. Siegel* Contract Number: *OERO1-S15004-120000*
 Contract Start Date: *11/1/19* Contract End Date: *12/31/19*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Labor Arbitrator</i>	<i>1</i> 0.00	<i>550</i> 0.00	<i>43200.00</i> \$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
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	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	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: *Jay M Siegel*
 Title: *Arbitrator* Phone #: *845-265-324*
 Preparer's Signature: *Jay M. Siegel*
 Date Prepared: *7/24/18*