

Revised

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 OMH/Rochester PC Agency Code: 8650520  
Contractor Name: Rochester General Hospital Contract Number: 6250021  
Contract Start Date: 9/1/2016 - 8/31/2021  
Contract End Date:

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066.00 (Psychiatrist)	1	480	\$41,850.00
29-1141.00(Registered Nurse)	3	2,700	87,615.00
29-1061.00 (Anesthesiologist)	1	450	40,500.00
43-9061.00 (Office Clerk)	1	450	8,050.50
Staff Sub-Total			\$178,015.50
*Note: The remaining contract budget amount is for costs such as medication, operating room expenses, and administrative fees.			\$388,984.50
Total this page	6 0	4,080 0	\$567,000.00
Grand Total	6	4,080	\$567,000.00

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Date Prepared: 9/11/18

(Use additional pages, if necessary)

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1. (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)