

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: Office of Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Oneida County Contract Number: C028397
 Contract Start Date: 02/01/2019 Contract End Date: 01/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Director of Services 11-9111.00	1.00	1,040.00	\$45,085.00
Supervisor 41-1012.00	1.00	354.00	\$62,205.00
Principal Clerk 43-9061.00	1.00	354.00	\$27,135.00
Case worker 11-9151.00	1.00	5,200.00	\$93,550.00
	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	4.00	6,948.00	\$227,975.00
Grand Total			

Name of person who prepared this report:

Title:

Preparer's Signature: 

Date Prepared: 3/29/19

Phone #: 515 798-5800