

## APPENDIX O

<b>OSC Use Only:</b> Reporting Code: Category Code: Date Contract Approved:
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**FORM A**

<b>State Consultant Services - Contractor's Planned Employment</b> <b>From Contract Start Date Through The End Of The Contract Term</b>	
State Agency Name: NYS Insurance Fund	Agency Code: 7010204
Contractor Name:	Contract Number:
Contract Start Date:	Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1122.00 IT Security Trainer	1	40	\$86,767
Total this page	1	40	86.767
Grand Total	1	40	86.767

Name of person who prepared this report: <i>Stephanie</i>			
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Preparer's Signature: <i>[Signature]</i>			
Date Prepared: <i>2/10/2020</i>			
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