

**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 Department of Health

Agency Code: 12000

Contractor Name: Medical Answering Services

Contract Number: C032316

Contract Start Date: 6/01/2020

Contract End Date: 05/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1011.00	5	5,200	642,600
11-1021.00	3	3,120	183,496
11-2031.00	4	13,520	883,463
11-3121.00	1	1,040	73,450
11-9199.00	1	1,040	76,505
13-1041.00	1	1,040	95,982
13-1111.00	2	5,200	150,265
13-1151.00	4	12,480	343,192
13-1199.00	2	2,080	63,330
13-2011.01	3	3,120	157,590
15-1131.00	2	2,080	129,745
19-4099.01	1	4,160	105,424
29-1141.00	1	2,080	76,850
29-2061.00	1	2,080	76,850
29-1063.00	1	1,040	99,291
37-2011.00	1	4,160	89,126
43-1011.00	9	22,880	755,296
43-3051.00	1	4,160	118,835
43-3099.00	5	20,800	409,525
43-4051.00	20	83,200	1,825,790
<b>Total This Page</b>	<b>68</b>	<b>194,480</b>	<b>\$6,356,606</b>

Name of person who prepared this report: Kim Taffner

Title: VP, Accounting &amp; Finance

Phone #: 315-399-3006

Preparer's Signature:



Date Prepared: 05/06/2020

(Use additional pages, if necessary)

