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: | Agency Code: |
|--------------------------|------------------------|
| 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 |
|---------------------|------------------------|------------------------------|--------------------------------------|
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| Total this page | 11 | 70,894 | |
| Grand Total | 11 | 70,894 | |

Name of person who prepared this report:

Title:

Preparer's Signature: ANd

Date Prepared: / /

And Andrew Lindberg

(Use additional pages, if necessary)

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Phone #: