FORM A

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: OASAS Contractor Name:	Agency Code: 3670000		
Contractor Name.	Contract Number:		
Contract Start Date:	Contract End Date:		

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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page			
Grand Total			

1	Name	of	person	who	pre	pared	this	report:

Title:

Preparer's Signature:

Date Prepared: / /

(Use additional pages if necessary)

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