

# FORM A

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

**New York State Education Department Agency Code: SED01**  
 State Consultant Services - Contractor's Planned Employment  
 From Contract Start Date Through The End Of The Contract Term

**Contractor Name:** MICHAEL BOUCHER **Contract Number:** 5013821  
**Contract Start Date:** 12/01/18 **Contract End Date:** 11/30/23

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>19-303602</u>	<u>CLINICAL PSYCHOLOGIST</u>	<u>1</u>	<u>90</u>	<u>\$ 45,000</u>
Total this page				
<b>Grand Total</b>		<u>1</u>	<u>90</u>	<u>\$45,000</u>

Name of person who prepared this report: MICHAEL BOUCHER  
 Title: CLINICAL PSYCHOLOGIST Phone #: 315-468-0558  
 Preparer's Signature: Michael Boucher  
 Date Prepared: 11/20/2018