

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT**  
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

**FORM A**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>Gillian A. Hirsch</u>	<b>Contract Number:</b> <u>5010210</u>
<b>Contract Start Date:</b> <u>3/11/2019</u>	<b>Contract End Date:</b> <u>2/29/2024</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
23-1021.00 Admin Law Judge, adjudicator 1 Hearing offices	1	1,000	\$100,000.00
<b>Total this page</b>	1	1,000	\$100,000.00
<b>Grand Total</b>	1	1,000	\$100,000.00

**Name of person who prepared this report:** Gillian A. Hirsch

**Title:** attorney **Phone #:** 518 526-9657

**Preparer's Signature:** Gillian A. Hirsch

**Date Prepared:** 3/24/2019

(Use additional pages, if necessary)