

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: *Office of Children & Family Services - Bureau Special*
 State Agency Department ID: 3400000 Agency Business Unit: *CFS01 hearings*
 Contractor Name: *Christopher Sargeant* Contract Number: S010221
 Contract Start Date: *10/1/19* Contract End Date: *2/29/24*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>23-1021</i>	<i>1</i> 0.00	<i>600</i> 0.00	<i>80,000</i> \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	<i>600</i> 0.00	<i>80,000</i> \$ 0.00
Grand Total			

Name of person who prepared this report:

Title:

Preparer's Signature: *[Handwritten Signature]*

Date Prepared: *9/15/19*

Phone #: *973-699-9101*