AC 3271-S (Effective 4/12)

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: OCFS
State Agency Department ID: 3400000 SD
Contractor Name: Snehal R. Shah MD
Contract Start Date: 12/1/2019

Agency Business Unit: CFS01 SD
Contract Number: S010225
Contract End Date: 11/30/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist 29-1066.00 SD	1 0.00	~~1872~~ 0.00	$785,880 ~~$0.00~~
	0.00	2,664 SD 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	2,664 SD 0.00	$0.00
Total this Page	1 0.00	~~1872~~ 0.00	785,880 $ 0.00
Grand Total	1	~~$1872.00~~ 2,664 SD	$785,880.00

Name of person who prepared this report: Snehal R. Shah MD
Title: MD
Phone #: 845-779-5282
Preparer's Signature: [signature]
Date Prepared: 10/1/19

(Use additional pages, if necessary)