

OSC01
~~XXXXXXXXXX~~ - 5190001 - 3050000

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 the State Comptroller**
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: *Thomas Myers, PhD* Contract Number: *5190001*
 Contract Start Date: *1/1/19* Contract End Date: *1/1/19*

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| 29-1069.00 Physicians and Surgeons, All other | | | |
| | <i>1</i> | <i>20</i> | <i>50,000</i> |
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| Total this page | <i>0</i> | <i>0</i> | <i>\$ 0.00</i> |
| Grand Total | <i>1</i> | <i>20</i> | <i>50,000</i> |

Name of person who prepared this report: *Thomas Myers, PhD* Phone #: *646-494-6895*
 Title: *Psychologist*
 Preparer's Signature: *[Signature]*
 Date Prepared: *3/6/19*
 (Use additional pages, if necessary) Page of