

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: NYS Office of Children and Family Services
 State Agency Department ID: CFS01 Agency Business Unit: 34000
 Contractor Name: Susan Fisher, OD Contract Number: S010233
 Contract Start Date: 05/01/2021 Contract End Date: 04/30/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
OPTICIAN 29-2081.00	1.00	6,000.00	\$50,000.00
ADMIN. SUPPORT 43-9149.00	1.00	2,600.00	\$20,000.00
RECEPTIONIST 43-4171.00	3.00	16,000.00	\$80,000.00
	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	5.00	24,600.00	\$150,000.00
Grand Total	0.00		

Name of person who prepared this report: Susan Fisher

Title: owner

Phone #: 516 783 6460

Preparer's Signature: 

Date Prepared: 03/03/2021

(Use additional pages, if necessary)

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