

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

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term	
State Agency Name: NYS Insurance Fund	Agency Code: 7010204

Contractor Name: _____ Contract Number: _____

Contract Start Date: _____ Contract End Date: _____

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Title:	Phone #:
Preparer's Signature: <i>Kelly Arsenault</i>	
Date Prepared:	

(Use additional pages, if necessary)

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