

ATTACHMENT H

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: NYS Office of Mental Health	Agency Code:
Contractor Name: <i>Brett C. Amo</i>	Contract Number: C201349
Contract Start Date: <i>2/1/2022</i>	Contract End Date: <i>1/31/2027</i>

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Physical Therapist</i>	<i>1</i>	<i>4800</i>	<i>\$340,800</i>
<i>29-1123.00 AM</i>			
Total this page	0	0	<i>\$340,800</i>
Grand Total	<i>1</i>	<i>4800</i>	<i>\$340,800</i>

Name of person who prepared this report: *Brett C. Amo*

Title: *Physical Therapist* Phone #: *(315) 323-3200*

Preparer's Signature: *BCA*

Date Prepared: *9/1/2021*

(Use additional pages, if necessary) Page *1* of *1*

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)