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

	09000
State Agency Name:	Agency Code:
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			

Grand Total		
Name of person who prepared	this report:	
Title:	Phone #:	
Preparer's Signature:	1 4 2 4 1	
Date Prepared: / /	Edul 1. Wah	
(Use additional pages, if necessary)	Pag	ge of