

# EXAMPLE FORM A – click on fields to view associated notes

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

## FORM A

<b>State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term</b>
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State Agency Name: DOH	Agency Code: 3450000
Contractor Name: White Glove Placement, Inc	Contract Number: PS69677
Contract Start Date: 4/1/24	Contract End Date: 6/30/25

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Registered Nurse 29-1141.00	1	2437.5	\$238,826.25
Total this page	0	0	
Grand Total	1	2437.5	\$238,826.25

Name of person who prepared this report: Paul Contarino  
 Title: Health Program Administrator 1 Phone #: 518-486-6837  
 Preparer's Signature: Paul Contarino *Paul Contarino*  
 Date Prepared: 03/06/2024  
 (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](http://online.onetcenter.org) to find a list of occupations.)