

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: Office of the State Comptroller
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: *William E. McCarthy* Contract Number: *5022020*
 Contract Start Date: *1/1* Contract End Date: *1/1*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>23-1021.00 Hearing Officer</i>	<i>1</i>		<i>207,000</i>
Total this page	0	0	\$ 0.00
Grand Total			<i>207,000</i>

Name of person who prepared this report: *William E. McCarthy*
 Title: *Hearing Officer* Phone #: *518-429-7514*
 Preparer's Signature: *W E McCarthy*
 Date Prepared: *2/28/2023*
 (Use additional pages, if necessary)