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: Alan S. Berkower, MD | Contract Number: S220002 | |
| Contract Start Date: 12/14/2022 | Contract End Date: 12/13/2022 | |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|------------------------|------------------------------|--------------------------------------|
| 29-1069.00 Physicians and Surgeons, All other | 1 | 41 | |
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| Total this page | 1 | 41 | \$ 50,000.00 |
| Grand Total | | | \$50,000.00 |

Name of person who prepared this report: Amanda M. Orlowski

Title: Contract Management Specialist 1

Phone #: 518-408-4815

Preparer's Signature: Amanda M. Orlowski Date Prepared: 11/16/2022 (Use additional pages, if necessary)

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