

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

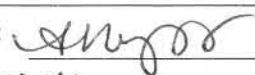
FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Amy Bissada</u>	Contract Number: <u>SO10189</u>
Contract Start Date: <u>11/12/16</u>	Contract End Date: <u>10/31/2019</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1066.00</u>	<u>1</u>	<u>2652 total</u>	<u>489,036.00 total</u>
Total this page			\$
Grand Total			<u>489,036.00</u> \$

Name of person who prepared this report: Amy Bissada

Title: Psychiatrist Phone #: 832 746 0852

Preparer's Signature: 

Date Prepared: 11/13/16