

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>Andrea Sandoz</u>	Contract Number: <u>8010190^{SD}</u>
Contract Start Date: <u>12/11/2016^{SD}</u>	Contract End Date: <u>11/30/16^{SD}</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	(1) ^{SD} SELF	^{SD} 17 hrs + 2 ^{SD} / week	\$250.00/hr. x 48 weeks \$221,000.00 ^{SD}
			\$221,000.00 ^{SD}
Total this page			\$144,000.00 \$
Grand Total			\$144,000.00 \$

Name of person who prepared this report: Andrea Sandoz

Title: child + Adolescent Psychiatrist **Phone #:** 585-451-5402

Preparer's Signature: ASandoz 585-533-2608

Date Prepared: 7/11/2016

(Use additional pages, if necessary)

Page of