

<b>OSC Use Only:</b>	
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>Bruce H. David, P.O.</u>	Contract Number: <u>T&amp;D</u>
Contract Start Date: <u>12/1/16</u>	Contract End Date: <sup>SD</sup> <u>9/30/19</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1066.00</u>	<u>1</u>	<del><u>1,872</u></del> <u>2,652<sup>SD</sup></u>	<del><u>\$468,000</u></del> <u>\$663,000<sup>SD</sup></u>
<b>Total this page</b>	<u>1</u>	<del><u>1,872</u></del> <u>2,652<sup>SD</sup></u>	<del><u>\$468,000</u></del> <u>\$663,000<sup>SD</sup></u>
<b>Grand Total</b>	<u>1</u>	<del><u>1,872</u></del>	<del><u>\$468,000</u></del>

Name of person who prepared this report: Bruce H. David, P.O.

Title: Psychiatrist Phone #: 347 302 8034

Preparer's Signature: 

Date Prepared: 7/11/16

(Use additional pages, if necessary)