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Reporting Code: CUB

Category Code:

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: New York State Department of Health

Contractor Name: Roy L Nelson

Agency Code: 12000

Contract Number: S032298

Contract Start Date: 1/1/2017

Contract End Date: 12/31/17

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Surgeon	SELF	1166.66	\$ 70,000
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Total this page	0	1166.66	\$ 70,000
Total this page Grand Total	0	1166.66	\$ 70,000

Name of person who prepared this report: Roy L Nelson

Title: Medical Coordinator

Phone #: 516-627-56 19

Preparer's Signature:

Ray Nuser

Date Prepared: 1/17/17

(Use additional pages, if necessary)

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