

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: ACCES-VR	Agency Business Unit: SED01
State Agency Department ID: 3300200	Contract Number: S012771
Contractor Name: Maria Larino	Contract End Date: 05/31/2018
Contract Start Date: 10/1/2016	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
19-3031.02	1.00	tth.00	\$122,689.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	0.00	\$122,689.00
Grand Total	1.00	0.00	\$122,689.00

Name of person who prepared this report: Dr. Maria Larino

Title: Psychologist

Phone #: 9172574971

Preparer's Signature: 

Date Prepared: 08/22/2016