

CFS01-5010195-3400000

FORM A

CUE

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: Snehal R. Sheth MD Contract Number: 5010195<sup>SD</sup>  
 Contract Start Date: 7/1/2017 Contract End Date: 6/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>Psychiatrist</u>	<u>1</u>	<u>520</u>	<u>\$143,000</u>
<u>(\$275/hr)</u>	<u>0.00</u>	<u>780/yr<sup>SD</sup></u>	<u>\$643,500<sup>SD</sup></u>
<u>(29-1066,00<sup>SD</sup>)</u>	<u>0.00</u>	<u>0.00</u>	<u>\$0.00</u>
	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
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	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	<u>1</u>	<u>520</u>	<u>\$143,000</u>
Grand Total	<u>1</u>	<u>520 hrs</u>	<u>\$143,000</u>
		<u>780/yr<sup>SD</sup></u>	<u>\$643,500<sup>SD</sup></u>

Name of person who prepared this report:  
 Title: psychiatrist  
 Preparer's Signature: [Signature]  
 Date Prepared: 3/11/17

Phone #: 845-797-5252