

FORM A

CLB

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

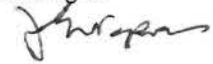
State Agency Name: **Department of Civil Service**  
 State Agency Department ID: **3150200** Agency Business Unit: **DCS01**  
 Contractor Name: **John H. Wapner Ph.D.** Contract Number: **CC00511**  
 Contract Start Date: **4/17/2017** Contract End Date: **2/28/2018**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3031.02 Consultant	1	660	\$99,000
Total this page	0	0	\$ 0.00
<b>Grand Total</b>	<b>1</b>	<b>660</b>	<b>\$99,000</b>

Name of person who prepared this report: John H Wapner

Title: Consultant / Psychologist

Phone #: 518-392-3360

Preparer's Signature: 

Date Prepared: 1/31/18

(Use additional pages, if necessary)