

**OSC Use Only:**  
 Reporting Code:  
 Category Code: **CUB**  
 Date Contract Approved:

**FORM A** **D0401-5033298-3450000**

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** Agency Code: **12000**  
 Contractor Name: **Roy L Nelson MD** Contract Number: **S033298**  
 Contract Start Date: **1/1/2018** Contract End Date: **12/31/18**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Surgeon	SELF	1260 x75 =	\$ 94,500
Total this page	0	1260	\$ 94,500
Grand Total	0	1260	\$ 94,500

Name of person who prepared this report: Roy L Nelson MD  
 Title: Medical Coordinator

Phone #: 516-627-5659

Preparer's Signature: *Roy Nelson*

Date Prepared: 1/1 11/15/17

(Use additional pages, if necessary)