

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

**FORM A** **DOH01-S033302-3450000**

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: **Lawrence J. Severino MD** Contract Number: **S033302**  
 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
29-1064.00 Obstetrics/Gynecology	SELF	900	\$67,500.00
Total this page	0	900	\$ 67,500
Grand Total	0	900	\$ 67,500

Name of person who prepared this report: Lawrence J. Severino  
 Title: Medical Coordinator  
 Preparer's Signature: *Lawrence J. Severino*  
 Date Prepared: *11/16/2017*  
 (Use additional pages, if necessary)  
 Phone #: *914-654-17043*  
**LAWRENCE J SEVERINO, MD**  
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