

FORM A

CC

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

State Agency Name: Office of the State Comptroller	
State Agency Department ID: 3450000	Agency Business Unit: DOH01
Contractor Name: Suffolk County	Contract Number: C033038
Contract Start Date: 06/08/2017	Contract End Date: 08/07/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
51-9082.00 Medical Technician	2	7700	\$325,130
43-6014.00 Admin Assistant	1	1040	\$29,130
Grand Total	3	8740	\$354,260

Name of person who prepared this report:

Title: *Administrative Officer*

Phone #:

Preparer's Signature: *[Handwritten Signature]*

Date Prepared: 6/21/2018

(Use additional pages, if necessary)