

DOH01-5033292 - 3450000

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

FORM A

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


State Agency Name: NYS Department of Health Agency Code: 12000
 Contractor Name: Michael L. Gelfand, MD Contract Number: S033292
 Contract Start Date: 1/1/2019 Contract End Date: 12/31/2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physicians and Surgeons	1	540	\$40,500
Total this page	1	540	\$40,500
Grand Total	1	540	\$40,500

Name of person who prepared this report: Michael L. Gelfand, MD

Title: Sole Proprietor

Phone #: 518-852-5916

Preparer's Signature: 

Date Prepared: 12/11/18

(Use additional pages, if necessary)