

FORM A

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

State Agency Name: GTOER
 State Agency Department ID: 1120000
 Contractor Name: Joel M Douglas
 Contract Start Date: 1/11/2019
 Agency Business Unit: OERO1
 Contract Number: \$18005
 Contract End Date: 12/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>Legal Services</u> <u>23-1022</u>	<u>1</u> 0.00	<u>960</u> 0.00	<u>48,000</u> \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report:

Title: CMSI

Preparer's Signature: Blandys Whynes

Date Prepared: 1/19/19

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