

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: DOCCS  
 State Agency Department ID: 325000  
 Contractor Name: Jeffrey M. Selchick, Esq.  
 Contract Start Date: 06/01/2020

Agency Business Unit: DOC01  
 Contract Number: S161560  
 Contract End Date: 12/31/2021

| Employment Category | Number of Employees | Number of <sup>days/month</sup> Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|--|-----------------------------------|
| 23-1022.00          | 0.00                | 10 days/month 0.00                                 | <del>\$0.00</del> \$6,600         |
|                     | 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                | 0.00   | \$0.00                            |
|                     | 0.00                | 0.00   | \$0.00                            |
| Total this Page     | 0.00                | 0.00   | \$0.00                            |
| Grand Total         |                     | 16,100 x 15 months                                 | \$118,500                         |

Name of person who prepared this report: JEFFREY M. SELCHICK  
 Title: ATTORNEY - ARBITRATOR  
 Preparer's Signature: [Signature] Phone #: 518 428 6007  
 Date Prepared: 7/1/20