

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: OCFS
 State Agency Department ID: 3400000
 Contractor Name: *Ronald Thesee MD*
 Contract Start Date: *6/01/2022*
 Agency Business Unit: CFS01
 Contract Number: *5010250*
 Contract End Date: *5/31/2025*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>29-1223.00</i>	<i>0.00</i>	<i>3,024⁰⁰ -0.00</i>	<i>1,179,360.00 \$0.00</i>
	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	<i>0.00</i>	<i>3,024.00⁰⁰ -0.00</i>	<i>1,179,360.00 \$0.00</i>

Name of person who prepared this report: *Ronald Thesee MD*
 Title: *Psychiatrist*
 Preparer's Signature: *[Signature]*
 Date Prepared: *6/11/2022*
 Phone #: *(315) 941-2867*