

ATTACHMENT H

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <u>Elmira Psychiatric Center</u> Contractor Name: <u>Monroe Westprod</u> Contract Start Date: [Contract Start Date]	Agency Code: Contract Number: Contract End Date: [Contract End Date]
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Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>Psychiatrist 29-1223</u>	<u>2</u>	<u>24 hrs per week</u>	<u>up to 1,674,400 US year contract</u>
Total this page	0	0	
Grand Total			

Name of person who prepared this report:

Title: Chief Executive Officer Phone #: 512-270-2806

Preparer's Signature: [Signature]

Date Prepared: 5/16/22

(Use additional pages, if necessary) Page of