

<b>OSC Use Only:</b>
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT**  
**FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM**


**FORM A**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>Controltec, Inc.</u>	<b>Contract Number:</b> <u>C027672</u>
<b>Contract Start Date:</b> <u>08/01/2015</u>	<b>Contract End Date:</b> <u>07/31/2020</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1141.00 - Database	1	26	\$3,900.00
15-1199.01 - QA Lead	1	32	\$4,640.00
<b>Total this page</b>			<b>\$ 8,540.00</b>
<b>Grand Total</b>			<b>\$ \$8,540.00</b>

**Name of person who prepared this report:** Norbert Haupt

**Title:** President **Phone #:** 760-975-9750 X 105

**Preparer's Signature:** 

**Date Prepared:** 05/26/2017

(Use additional pages, if necessary)

**RECEIVED**  
JUN 05 2017  
Bureau of  
Contract Management