

<b>OSC Use Only:</b>
Reporting Code: <u>CVE</u>
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 CFS01-5010174-3400000

<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>Elizabeth Harre</u>	<b>Contract Number:</b> <u>S0101784<sup>SD</sup></u>
<b>Contract Start Date:</b> <u>12/01/2017</u>	<b>Contract End Date:</b> <u>11/30/2018</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
29-1066.00	1	624 <del>-884<sup>SD</sup></del>	\$200.00/hr
<b>Total this page</b>	1	624 <del>-884<sup>SD</sup></del>	\$ 124,800
<b>Grand Total</b>	1	624 <del>-884<sup>SD</sup></del>	\$ \$124,800.00

**Name of person who prepared this report:** Elizabeth Harre

**Title:** Contractor - Supervising Psychiatrist      **Phone #:** 347-308-4672

**Preparer's Signature:** *Elizabeth Harre MD*

**Date Prepared:** 10/30/2017

(Use additional pages, if necessary)