


OSC Use Only:
Reporting Code: _____
Category Code: <u>CUE</u>
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 CFS01-5010199-3400000

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Bruce H. David, R.O.</u>	Contract Number: <u>TBD 5010199</u> ^{SI}
Contract Start Date: <u>3/31/18</u>	Contract End Date: <u>3/31/23</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1066.00</u>	<u>1</u>	<u>4,140</u> <u>5400</u> ^{SD}	<u>\$1,138,500</u> <u>\$1,485,000</u> ^{SD}
		<u>5400</u> ^{SD}	<u>\$1,485,000</u> ^{SD}
Total this page	<u>1</u>	<u>4,140</u>	<u>\$1,138,500</u>
Grand Total	<u>1</u>	<u>4,140</u>	<u>\$1,138,500</u>

Name of person who prepared this report: Bruce H. David, R.O.
 Title: Psychiatrist Phone #: 349 302 8034
 Preparer's Signature: 
 Date Prepared: 1/4/18

(Use additional pages, if necessary)