

OSC Use Only:
Reporting Code:
Category Code: **CUB**
Date Contract Approved:

FORM A **DOH01-S033299-3450000**

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: **New York State Department of Health** Agency Code: **12000**
Contractor Name: **Carl A. Paulsen M.D** Contract Number: **S033299**
Contract Start Date: **1/1/2018** Contract End Date: **12/31/18**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Orthopedic Surgery	SELF	720	\$54,000
Total this page	0	720	\$54,000
Grand Total	0	720	\$54,000

Name of person who prepared this report: Carl A. Paulsen M.D
Title: Medical Coordinator
Preparer's Signature: *Carl Paulsen M.D*
Date Prepared: 12/11/2017
Phone #: 518-402-0875
(Use additional pages, if necessary)