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

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

DOH 01 3450000

State Agency Name: **New York State Department of Health**
Contractor Name: Robert Rosenblatt MD

Agency Code: **12000**

Contract Number: S033300

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
29-1064.00 Obstetrics/Gynecology	SELF	720.00	$ 54,000
Total this page	0	720.00	$ 54,000
Grand Total	0	720.00	$ 54,000

Name of person who prepared this report: Robert Rosenblatt

Title: Medical Coordinator

Phone #: 518 207 5532

Preparer's Signature: Robert Rosenblatt MD

Date Prepared: 11/20 2017

(Use additional pages, if necessary)