

FORM A

Reporting Code = CE

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: GOER
 State Agency Department ID: 1120000 Agency Business Unit: OER01
 Contractor Name: DONNA MARKESSINIS, M.ED Contract Number: S160014
 Contract Start Date: 01/01/2017 Contract End Date: 12/31/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Training & Development Specialist	1.00	3,500.00	\$350,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	3,500.00	\$350,000.00
Grand Total	1.00	3,500.00	350000.00

Name of person who prepared this report: Donna M. Markessinis

Title: Independent Contractor

Phone #: 518-858-8339

Preparer's Signature: *Donna Markessinis*

Date Prepared: 11/02/2016