

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

FORM A

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

State Agency Name: WESTERN NEW YORK DDSO Agency Code: ~~51330~~ ³⁶⁶⁰²⁴²
 Contractor Name: Pamela Khurana Contract Number: ^{SCoSWN0040 ypk 8/11/16}
 Contract Start Date: 1/1/2016 Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Psychiatric Services	1	8hrs/week	\$379,279.33
Total this page	0	0	\$379,279.33
Grand Total			

Name of person who prepared this report:
 Title: PSYCHIATRIST Phone #: 716-725-5327
 Preparer's Signature: Pamela Khurana
 Date Prepared: / /
 (Use additional pages, if necessary) Page of