

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~~ <sup>366 0242</sup>  
 Contractor Name: Ewen Macpherson      *Sgn* Contract Number: ~~CoSWN0050~~  
 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	8.5hrs/week	\$427407.58
Total this page	0	0	\$427,407.58
Grand Total			

Name of person who prepared this report: *EWEN MACPHERSON*  
 Title: *PSYCHIATRIST*      Phone #: *716 652 6577*  
 Preparer's Signature: *E Macpherson*  
 Date Prepared: *01/25/16*