

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: *STONY BROOK UNIVERSITY HOSPITAL* Agency Code: *SNY013320215*
 Contractor Name: *JZANUS CONSULTING, INC.* Contract Number: *001153*
 Contract Start Date: *8/1/16* Contract End Date: *7/31/21*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>29-2071.00</i>	<i>5</i>	<i>12,738.5</i>	<i>\$1,242,337.78</i>
<i>(MEDICAL RECORDS & HEALTH INFORMATION TECHNICIANS)</i>			
Total this page	<i>5</i>	<i>12,738.5</i>	<i>\$1,242,337.78</i>
Grand Total	<i>5</i>	<i>12,738.5</i>	<i>\$1,242,337.78</i>

Name of person who prepared this report: *JOHN COSTER*
 Title: *PRESIDENT* Phone #: *516-240-8147*
 Preparer's Signature: *John S. Coster*
 Date Prepared: *6/29/16*
 (Use additional pages, if necessary) Page 1 of 1