## ATTACHMENT H Consultant Disclosure Form A

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: St. Lawrence Psychiatric Center Contractor Name: K&A Radiologic Technology

Agency Code: 50120

Contract Number:

OMH01-C200451-3650631

Contract Start Date: December 1, 2018 Contract End Date: November 30, 2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-6013.00	12	,520	7800
11-1021.00	1	52	9,100
29-1069.10	10	per exam	13,000
29-1069.00	2	per exom	12,000
43-3021-02	2	120	2,160
49-9071-00	1	8	160
SEE OF BRIDE	1/2 12	0.145	
Total this page	20	3,128 10	
Grand Total			85,740

Name of person who prepared this report: Obie I Burger In Title: Director of Operation Phone #:

Phone #: 315- \$37-1622

Preparer's Signature:

Date Prepared: 4 /\1/\8

(Use additional pages, if necessary)

<sup>1. (</sup>Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)