

# FORM A

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

**New York State Education Department Agency Code: SED01**  
 State Consultant Services - Contractor's Planned Employment  
 From Contract Start Date Through The End Of The Contract Term

*Diversified Psychological Services, PLLC*  
**Contractor Name:** *Diversified Psychological Services, PLLC*      **Contract Number:** *C013788*  
**Contract Start Date:** *12/01/2018*      **Contract End Date:** *11/30/2023*

| Employment Category | Employment Title             | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|------------------------------|---------------------|------------------------------|-----------------------------------|
| <i>19-3031.02</i>   | <i>Clinical Psychologist</i> | <i>1</i>            | <i>40 hrs/wk</i>             | <i>\$440,674.00</i>               |
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|                     |                              |                     |                              |                                   |
| Total this page     |                              | <i>1</i>            | <i>40 hrs/wk</i>             | <i>\$440,674.00</i>               |
| <b>Grand Total</b>  |                              | <i>1</i>            | <i>40 hrs/wk</i>             | <i>\$440,674.00</i>               |

Name of person who prepared this report: *Jerome Norton*  
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 Preparer's Signature: *[Signature]*  
 Date Prepared: *11/30/2018*