

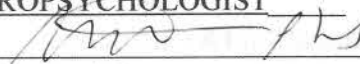
# FORM A

**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

**Contractor Name: DR. MICHAEL MCCANN      Contract Number: SO13823**  
**Contract Start Date: DECEMBER 1, 2018      Contract End Date: NOVEMBER 30, 2023**

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3039.01	CLINICAL NEUROPSYCHOLOGIST	1	VARIABLE	\$80,377.00
Total this page				
<b>Grand Total</b>				\$80,377.00

Name of person who prepared this report: DR. MICHAEL MCCANN  
 Title: CLINICAL NEUROPSYCHOLOGIST      Phone #: (518) 339-5177  
 Preparer's Signature:   
 Date Prepared: 12/5/18