

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Natasha Pierre</u>	Contract Number: <u>5010209</u>
Contract Start Date: <u>3/11/2019</u>	Contract End Date: <u>2/29/2024</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>Hearing officer</u>	<u>1</u>	<u>1700</u>	<u>\$ 85,000.00</u>
Total this page			\$ 85,000.00
Grand Total			\$ 85,000.00

Name of person who prepared this report: Natasha Pierre

Title: Hearing officer Phone #: (917) 804-8834

Preparer's Signature: _____

Date Prepared: 3/27/19

(Use additional pages, if necessary) Page _____ of _____