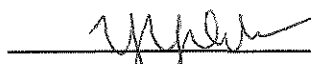


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS
 State Agency Department ID: 3400000
 Contractor Name: YILMAZ YILDIRIM
 Contract Start Date: 12/01/2019
 Agency Business Unit: CFS01
 Contract Number: 5010226
 Contract End Date: 11/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
PSYCHIATRIST 29.1066.00	1 0.00	888 0.00	\$264,624 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	888 0.00	\$264,624 \$ 0.00
Grand Total	1	888	\$264,624

Name of person who prepared this report: YILMAZ YILDIRIM
 Title: MO Phone #: (585) 298 7283
 Preparer's Signature: 
 Date Prepared: 10/21/2019