AC 3271-S (Effective 4/12)

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
Agency Business Unit: CFS01
Contractor Name: YILMAZ YILDIRIM
Contract Number: S010235
Contract Start Date: 7/1/2021
Contract End Date: 6/30/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
~~Physician~~ 29-1223.00	1 0.00	2,664 SD ~~TO~~ 0.00	~~298~~ $0.00
Psychiatrist SD	0.00	0.00	$772,560 SD $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	SD 0.00	$0.00
Total this Page	1 SD ~~0.00~~	2,664 ~~0.00~~	$772,560 SD $ 0.00
Grand Total	1 SD	2,664 SD	$772,560 SD

Name of person who prepared this report: YILMAZ YILDIRIM
Title: MD
Phone #: (585) 298 7283
Preparer's Signature: [signature]
Date Prepared: 6/29/2021

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(Use additional pages, if necessary)