

ATTACHMENT H

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: [REDACTED]

Agency Code: [REDACTED]

Contractor Name: [REDACTED]

Contract Number: [REDACTED]

Contract Start Date: 9/1/24

Contract End Date: 8/31/29

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-7034.00	4	10,400	
29-7032	3	10,400	
43-3021.00	3	10,400	
Total this page	0	0	
Grand Total	10	31,200	

Name of person who prepared this report:

Title: *pro: 12*Phone #: *315-927-1827*Preparer's Signature: *Therese Adams*Date Prepared: *7/18/24*

(Use additional pages, if necessary)

Page *1* of *1*

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)