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: **Office of the State Comptroller**	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: David F. Bowen	Contract Number: S024003
Contract Start Date: 9/1/2024	Contract End Date: 8/31/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
23-1021.00 Hearing Officer	1	TBD	$500,000.00
Total this page	1	TBD	$500,000.00
Grand Total	1	TBD	$500,000.00

Name of person who prepared this report: DAVID F. BOWEN
Title: Owner/Hearing Officer
Phone #: (585) 507-7262
Preparer's Signature:
Date Prepared: 8/7/2024
(Use additional pages, if necessary)
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