

AC 3271-S (Effective 4/12)

**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b> From Contract Start Date Through the End of the Contract Term
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State Agency Name: <b>Office of the State Comptroller</b>	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: David Molik	Contract Number: S024004
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
<b>Grand Total</b>	1	TBD	\$500,000.00

Name of person who prepared this report:

Title: *Owner - Contract Hearing Officer*Phone #: *518 257 0461*Preparer's Signature: *David Molik*Date Prepared: *8/5/2024*

(Use additional pages, if necessary)

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