

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: Diane Ciccone	Contract Number: S024005
Contract Start Date: 9/1/2024	Contract End Date: 8/31/2025

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:

Title: *Owner*Phone #: *917-703-4113*Preparer's Signature: *Diane Ciccone*Date Prepared: *7/29/24*

(Use additional pages, if necessary)

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