

AC 3271-S (Effective 4/12)

**FORM A**

<p align="center"><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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<b>State Agency Name: Office of the State Comptroller</b>	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: James McKeever, Esq.	Contract Number: S024007
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: *James McKeever*Title: *Hearing Officer*Phone #: *212-233-0200*Preparer's Signature: *[Signature]*Date Prepared: *8/7/24*

(Use additional pages, if necessary)

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