

FORM A

New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term
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State Agency Name: Office of the State Comptroller	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: Joseph J. Hester	Contract Number: S024009
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: Joseph J. Hester

Title: Contractor

Preparer's Signature: *Joseph J. Hester*

Date Prepared: 8/30/2024

(Use additional pages, if necessary)

Phone #: 917-734-5233

Page 1 of 1