

FORM A

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| 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: Mark J. Fitzmaurice | Contract Number: S024011 |
| 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 |
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| Total this page | 1 | TBD | \$500,000.00 |
| Grand Total | 1 | TBD | \$500,000.00 |

Name of person who prepared this report: 1

Title: Hearing Officer

Phone #: 914-437-9057

Preparer's Signature:

Date Prepared: 8.22 / 2024

(Use additional pages, if necessary)

Page of