

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: NYSED
 State Agency Department ID: 33 00200
 Contractor Name: Neuropsychology & Psychology
 Contract Start Date: 2/12/24

Agency Business Unit: SEDO1
 Contract Number: CO15268
 Contract End Date: 12/31/25

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>Neuropsychologist 19-3089.02</u>	<u>7</u>	<u>346</u>	<u>55,360.00</u>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	<u>7</u>	<u>346</u>	<u>55,360.00</u>

Name of person who prepared this report: Amy RyanTitle: Practice ManagerPhone #: 716-687-8748Preparer's Signature: Amy M. RyanDate Prepared: 5/7/24