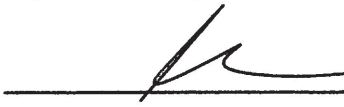


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: <i>CF501</i>
State Agency Department ID: <i>3400000</i>	Contract Number: S010303
Contractor Name: Khris Lampon Torres MD	Contract End Date: 10/31/2028
Contract Start Date: 11/01/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist <i>29-1223.00</i>	1.00	1,584.00	\$617,760.00
	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	\$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	1.00	0.00	\$617,760.00
Grand Total	1.00	1,584.00	\$617,760.00

Name of person who prepared this report: Khris Lampon Torres
 Title: Psychiatrist
 Preparer's Signature: 
 Date Prepared: 11/11/2025
 Phone #: 787-363-1676