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: **Office of the State Comptroller**

State Agency Department ID: 3050000 Agency Business Unit: OSC01

Contractor Name: Judy Burke, MD Contract Number: S250001

Contract Start Date: 1/1/2026 Contract End Date: 12/31/2030

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All other	1	33	50,000
Total this page	0	0	$ ~~0.00~~ 50,000
Grand Total			50,000

Name of person who prepared this report:

Title: Judy Burke, MD Phone #: 646-397-9295

Preparer's Signature: Judy R Burke

Date Prepared: 11/24 2025

(Use additional pages, if necessary)

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