

## ATTACHMENT H

<b>OSC Use Only:</b>
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

### State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: Hutchings Psychiatric Center	Agency Code: 3650367
Contractor Name: <span style="margin-left: 100px;">12/1/22</span>	Contract Number: OMH01-C201747-3650367
Contract Start Date: [Contract Start Date]	Contract End Date: [Contract End Date] <span style="margin-left: 20px;">12/1/24</span>

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1123.00	1	12	900
Total this page	0	0	86,400
Grand Total			86,400

Name of person who prepared this report: *Robert Allen*

Title: *Physical Therapist* Phone #: *315-559-7412*

Preparer's Signature: *Robert Allen*

Date Prepared: *10/27/22*

(Use additional pages, if necessary) Page *1* of *1*