OSC Use Only:
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:_____ Agency Code:_____
Contractor Name:_____Contract Number:_____
Contract Start Date:___/___/_____ Contract End Date:___/___/_____

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____
Title: _____ Phone #: _____
Preparer's Signature: _____
Date Prepared:___/___/_____
(Use additional pages, if necessary) Page ___of ___