

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:
 Preparer's Signature:
 Date Prepared: / /
 (Use additional pages, if necessary)

Phone #:

 Page of