

**FORM B**

<p><b>OSC Use Only:</b>                  Reporting Code:                  Category Code:</p>
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<p><b>State Consultant Services</b>  <b>Contractor's Annual Employment Report</b>  <b>Report Period: April 1,        to March 31,</b></p>
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<p>Contracting State Agency Name: _____ Agency Code: _____                  Contract Number: _____                  Contract Term: / / to / /                  Contractor Name: _____                  Contractor Address: _____                  Description of Services Being Provided: _____</p>
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<p><b>Scope of Contract (Choose one that best fits):</b>                  Analysis <input type="checkbox"/> Evaluation <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/>                  Data Processing <input type="checkbox"/> Computer Programming <input type="checkbox"/> Other IT consulting <input type="checkbox"/>                  Engineering <input type="checkbox"/> Architect Services <input type="checkbox"/> Surveying <input type="checkbox"/> Environmental Services <input type="checkbox"/>                  Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/>                  Accounting <input type="checkbox"/> Auditing <input type="checkbox"/> Paralegal <input type="checkbox"/> Legal <input type="checkbox"/> Other Consulting <input type="checkbox"/></p>
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Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

<p>Name of person who prepared this report: _____                  Preparer's Signature: _____                  Title: _____ Phone #: _____                  Date Prepared: / /</p>
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