| 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 |
| --- | --- | --- | --- |
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Name of person who prepared this report:
Title: Phone #:
Preparer's Signature:
Date Prepared: / /
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