

Form A State Consultation Services Contractor's Planned Employment

Number* Title				
or example, "Number" may be an OPRHP-Specific Solicitation	, Contract, RFQ, or Bid reference number.			
		OSC	Use Only	
		Reporting Code:		
		Category Code:		
		Date Contract Appro	oved:	
Planned Employmer	nt from Contract Start Date	Γhrough the End of the Con	tract Term	
State Agency Name:	Agency Code:			
Contractor Name:	Contract Number:			
Contract Start Date:	Contract End Date:			
2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract	
<u> </u>	, , , , , , , , , , , , , , , , , , ,			
Total This Page				
Total Additional Pages				
Grand Total				
Grand Total	Use Additional Pages, I	I f Necessary		
Name of Official:		Title		
E-Mail		Telephone:	Telephone:	
Sign &				
Date Here				
Unless otherwise requested by OPPHP please si	Signature		Date	

Unless otherwise requested by OPRHP, please sign in ink as electronic signatures are not acceptable. A scanned copy of the original ink signature is acceptable