

Form B State Consultation Services Contractor's Annual Employment Report

	OSC Use Only
	Reporting Code:
	Category Code:
. to Ma	arch 31,

Repo	ort Period: April 1, to		
State Agency Name: Contractor Name: Contract Start Date: Contractor Address: Description of Services Being Provided:	Con	ncy Code: tract Number: tract End Date:	
Scope of Contract (Choose one that best fit	s):		
☐ Analysis ☐ Evaluation ☐ Data Processing ☐ Computer P ☐ Engineering ☐ Architect Se	search er IT Consulting veying	☐ Training☐ Environmental Services	
☐ Health Services ☐ Mental Heal ☐ Accounting ☐ Auditing ☐ Other Consulting	ental Health Services		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total This Page			
Total Additional Pages			
Grand Total	A 1188 1 1 2 1 KA		
U	se Additional Pages, If N	lecessary	
Name of Official:	Title		
E-Mail	Telephone:		
Sign & Date Here			
		 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.