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: / /

<table>
<thead>
<tr>
<th>Employment Category</th>
<th>Number of Employees</th>
<th>Number of hours to be worked</th>
<th>Amount Payable Under the Contract</th>
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Total this page
Grand Total

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

(Use additional pages, if necessary)