



State of New York
Department of Civil Service
 Albany, NY 12239

**State Consultant Services - Contractor's Annual
 Employment Report - "Form B"**
 (due by May 15th each year for prior calendar year)
ADM-986 (1/07)

OSC Use Only:

Reporting Code:

Category Code:

Report Period: April 1, to March 31,

Contracting State Agency Name: _____ Agency Code: _____
 Contract Number: _____
 Contract Term: / / to / /
 Contractor Name: _____
 Contractor Address: _____
 Description of Services Being Provided: _____

Scope of Contract (Choose one that best fits):

- Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page	0	0	\$ 0.00
Grand Total			

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

Use additional pages if necessary)

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