

# FORM B

OSC Use Only:

Reporting Code:

Category Code:

**New York State Education Department Agency Code: 11000**

State Consultant Services

Contractor's Annual Employment Report

Report Period: April 1, to March 31,

**Contract Number:**

**Contractor Name:** «LegalVendorName»

**Contract Start Date:** «ContractFromPeriod»

**Address:**

**Contract End Date:** «ContractToPeriod»

**Description of Services:**

**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 Title	Employment Category	Number of Employees	Number of Hours Worked	Amount Paid or Payable Under the Contract
Total this page				
Grand Total				

Name of person who prepared this report: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM B

**Form B is due by May 15<sup>th</sup> of each year and covers actual employment data performed during the prior period of April 1<sup>st</sup> to March 31<sup>st</sup>. Please fill in the year of the reporting period. You should include information for all employees providing service under the contract whether employed by the contractor or a subcontractor and whether full or part-time.**

- 1. Employment Title and Employment Category:** select the specific occupation(s), as listed in O\*NET occupational classification system, which best describe the employees who provided services under the contract for the last State fiscal year.

Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.

List both the Employment Title and the Employment Category Code.

- 2. Number of Employees:** by employment category, list the number of persons who provided services under this contract for this time period.
- 3. Number of Hours Worked:** list the number of hours worked in each employment category.
- 4. Amount Payable Under the Contract:** report the total amount paid or payable to the Contractor by the State under the contract, for work performed by these employees.
- 5. Total this page:** From the first page, total the number of employees, number of hours worked and amount paid or payable under this contract.
- 6. Grand Total:** If using additional pages, use this line to add first page plus additional page(s) and enter the grand total for number of employees, hours worked and amount paid or payable.
- 7. Contact information:** Please complete the requested information at the bottom of the page. If there are questions regarding this form, this is the person we will contact. Submit copies of the report as follows:

By mail: NYS Office of the State Comptroller  
Bureau of Contracts  
110 State Street, 11<sup>th</sup> Floor  
Albany, NY 12236

By fax: Attn: Consultant Reporting  
(518) 474-8030 or (518) 473-8808

Reports to DCS are to be transmitted as follows:

By mail: NYS Department of Civil Service  
Alfred E. Smith Office Building  
Albany, NY 12239  
Attn: Counsel's Office

Reports to NYSED are to be transmitted as follows:

By mail: NYS Education Department  
Contract Administration Unit  
Room 505 W EB  
Albany, NY 12234

By fax: (518) 408-1716

**PLEASE REMEMBER TO COMPLETE AND SIGN THE FORM**