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| **OSC FORM B** |  | |  |  |  | | |  | **OSC Use Only:** | | |  |
|  |  | |  |  |  | | |  | Reporting Code: | | | |
|  | | | | | | | | | Category Code: | | | |
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| **State Consultant Services** | | | | | | | | | | | | |
| **Contractor’s Annual Employment Report** | | | | | | | | | | | | |
| **Report Period: April 1,** **to March 31,** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Contracting State Agency Name: **Office of General Services** | | | | | | | | | | Agency Code: **01051** | | |
| 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 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Note: Use the Tab key to navigate through the table portion of the form to ensure that the formulas calculate correctly.** | | | | | | | | | | | | |
| Employment Category | | | | Number of Employees | | | Number of Hours Worked | | | | Amount Payable Under the Contract | |
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| 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) | | | | |  | | |  |  | | Page     of | |