DASNY Classification and Rate Form

Consultant:			Contract #:				
	Employee Name	E	mployee Title	Actual Hourly Rate	Add		Update
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TO BE COMPLETE BY CONSULTANT							
Consultant Certification: I certify that the employee wage rates shown above are correct and represent the actual rates paid to the employee listed.							
s	ignature of Officer				Date		
	Name of Officer			Email Address			
FOR OFFICIAL USE ONLY							
R	ECOMMENDED BY				Date		
	APPROVAL				Date		
	Dawn La	ngenbach - Sr. Mana	ger, Professional Service Cont	racts			