## FORM A

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

CFSOI-CO26926-3400000

State Agency Name: Office of Family+Children Services

State Agency Department ID:

Contractor Name: Total Healthcare Staffing

Contract Start Date: 7/1/12

Agency Business Unit: 3400000 Contract Number: 6026924

Contract End Date: 10/31/ 13

Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
2 0.00	480 0.00	24,960.00\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	SD \$0.00
250.00	480 0.00	\$24,966\$ 0.00
2 50	480	#24,960
	Employees  2 0.00  0.00	Employees         to be Worked           2         0.00         480         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00

Name of person who prepared this report: Heather E	rieser
Title: Di rector of FSCal Services  Preparer's Signature: Hyura	Phone #:516-409-921)
Preparer's Signature: MSWSA	
Date Prepared: @IIII 18	