

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: *NY Dept. of Corrections & Community Services*  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: *3250226*  
 Contractor Name: *Pinnacle Travel Staffing* Contract Number: \_\_\_\_\_  
 Contract Start Date: *9/1/2018* Contract End Date: *10/24/2022*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Temporary Registered Nurse</i>	<i>39.8125</i>	<i>82,810</i> 0.00	<i>5,051,410</i> —
	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
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	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
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<i>39.8125</i>	<i>82,810</i>	<i>\$5,051,410</i> —

Name of person who prepared this report: *MARTY RASTECCI*  
 Title: *PRESIDENT* Phone #: *716-816-6765*  
 Preparer's Signature: *[Signature]*  
 Date Prepared: *8/3/2018*