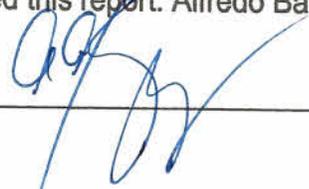


FORM A

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

State Agency Name: NY DOCCS  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: AHS Staffing LLC Contract Number: CC161477  
 Contract Start Date: 03/01/2019 Contract End Date: 10/24/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Nursing (Regions 1 and 4): 29-1141.00	108.00	29,920.00	\$6,966,881.15
	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
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>108.00</b>	<b>29,920.00</b>	<b>\$6,966,881.15</b>
<b>Grand Total</b>	<b>108.00</b>	<b>29,920.00</b>	<b>\$6,966,881.15</b>

Name of person who prepared this report: Alfredo Baylous  
 Title: Medical Director  
 Preparer's Signature:   
 Date Prepared: 01/28/2019

Phone #: 732-781-2924