

D0001-CC161479

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: *NYS Department of Corrections & Community Supervision*
 State Agency Department ID: *3250226* Agency Business Unit: *D0001*
 Contractor Name: *Total Healthcare Staffing of LLC* Contract Number: *CC161479*
 Contract Start Date: *01/19* Contract End Date: *10/12/2022*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>29-1141.00</i>	<i>40</i>	<i>232,812.32</i>	<i>\$49.50</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
	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
Total this Page	0.00	0.00	\$ 0.00
Grand Total			<i>11,524,209.84</i>

Name of person who prepared this report: *Heather Grieser*
 Title: *Director of Fiscal Services* Phone #: *516-409-9211*
 Preparer's Signature: *H. Grieser*
 Date Prepared: *1/25/19*