

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: Wende Correctional	Agency Business Unit:
State Agency Department ID:	Contract Number: C17WEN001
Contractor Name: Pinnacle Travel Staffing	Contract End Date: 3/31/2018
Contract Start Date: 9/25/2017	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurses	1.00	445.00	\$26,255.01
	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	1.00	445.00	\$26,255.01
Grand Total			

Name of person who prepared this report: Marty Rastelli

Title: President

Phone #: 716-816-6765

Preparer's Signature:  _____

Date Prepared: 7/10/2018