

CONTRACTOR DISCLOSURE FORM A

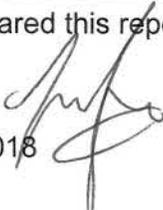
AC 271-S (Effective 4/12)

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

State Agency Name: NYS Workers' Compensation Board
 State Agency Department ID: 3560000
 Agency Business Unit: WCB01
 Contractor Name: Paper Alternative
 Contract Start Date: 7/1/2018

Contract Number:
C140375
Contract End Date: 1/31/2019

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Other IT Consulting <i>(5-1121.00)</i>	1	433	\$12,990
Total this page	1	433	12990
Grand Total			

Name of person who prepared this report: Louis Jones
 Title: Director of IT
 Preparer's Signature: 
 Date Prepared: 6 27 / 2018
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Use additional pages if necessary