

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: NYSDOT
State Agency Department ID: _____ Agency Business Unit: _____
Contractor Name: AFRIDI ASSOCIATES Contract Number: D038095
Contract Start Date: 04/01/2021 Contract End Date: 08/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Construction Inspection	4.00	15,918.00	\$1,356,883.00
	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	\$0.00
Total this Page	4.00	15,918.00	\$1,356,883.00
Grand Total	4.00	15,918.00	\$1,356,883.00

Name of person who prepared this report: Akber J. Afridi
Title: Principal Phone #: (631) 465-0786
Preparer's Signature: *A. J. Afridi*
Date Prepared: 04/20/2021