


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	Agency Business Unit: DOT01
State Agency Department ID: 3900283	Contract Number: D038130
Contractor Name: AFRIDI ASSOCIATES	Contract End Date: 02/28/2024
Contract Start Date: 04/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
47-4011.00	4.00	10,330.00	\$1,266,492.00
	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
	0.00	0.00	\$0.00
Total this Page	4.00	10,330.00	\$1,266,492.00
Grand Total	3.00		

Name of person who prepared this report: Akber Afridi
 Title: Principal Phone #: 631-465-0786
 Preparer's Signature: 
 Date Prepared: 02/10/2022