K. State	Consultant	Services Con	tractor's	Planned	Emplo	yment (	Form A	A), S	tate
		Contractor's							
Instructio	D 88 C								

OSC Use Only:	
Reporting Code:	
Category Code:	
Date Contract Approved:	

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: Stony Brook University	Hospital Agency Code:	(-1.1/2
Contractor Name: Tryfacta Inc.	Contract Number: IFB # 20/21-29	32 CO11901
Contract Start Date: 91/91/2021 3/20/21	Contract End Date: 12/31/2023 3/19/23	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Temp RRT YRI	6	3425	(60 875.00
Temp RRT YRZ	6	3428	167.825000
			-36100
Total this page	12	6850	3788000
Grand Total	10	6850	328,800 000

Name of person who prepared this report:

Title: Staffing Programs Manager

Phone #: 408-893-5500

Preparer's Signature: Amak

Date Prepared: 11/06 / 2020 (Use additional pages, if necessary)

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