

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: Stony Brook University Hospital  
 State Agency Department ID: 3320215  
 Contractor Name: e4 Services  
 Contract Start Date: 01/01/2022

Agency Business Unit: SNY01  
 Contract Number: 2021-3011  
 Contract End Date: 12/31/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-2072.00	4.00	<del>4,145.00</del>	<del>\$212,437.50</del>
	0.00	WR 20,275.00	1,062,187.50
	0.00	12/22/21	\$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
<b>Total this Page</b>	4.00	<del>4,145.00</del>	<del>\$212,437.50</del>
<b>Grand Total</b>		WR 20,275.00	1,062,187.50 WR

WR  
12/22/21

WR  
12/22/21

Name of person who prepared this report: Bill Rowe  
 Title: VP - Client Success  
 Preparer's Signature: *[Signature]*  
 Date Prepared: 12/06/2021

WR  
12/22/21  
 Phone #: 415-350-1861