


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: SUNY Upstate Medical University
 State Agency Department ID: 3320211 Agency Business Unit: SNY01
 Contractor Name: Worldwide Travel Staffing, Limited Contract Number: **FBD C-505681**
 Contract Start Date: **F/B/D OSC approval** Contract End Date: **F/B/D 4/30/20**

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
FBD	0.00	0.00	120,000 \$0.00
29-2055.00	3 0.00	1372 0.00	120,000 \$0.00
29-2032.00	1 0.00	283 0.00	30,000 \$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	0.00	0.00	\$ 0.00
Grand Total	TBD	TBD	TBD

Name of person who prepared this report: _____ **\$150,000.00**
 Title: **Worldwide Travel Staffing, Limited** Phone #: 866-633-3700 x 101
 Preparer's Signature: 
 Date Prepared: **3/17/2021**
 (Use additional pages, if necessary) Page 1 of 1

Available on-line at: <http://www.osc.state.ny.us/agencies/forms/> use AC 3271 S for Form A and AC3272 S for Form B