| 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: NYS DEC Agency Code: _____
Contractor Name: SEXTON SERVICES INC Contract Number: C012402
Contract Start Date: 8/15/2022 Contract End Date: 3/31/2027

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---|---|---|
| 13-1151.00 | 1 | 2,131 | 192,792 |
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| Grand Total | | | |

Name of person who prepared this report: SUSAN CHRISTIE
Title: OPERATIONS MANAGER Phone #: 585-663-8290
Preparer's Signature: Susan Christie
Date Prepared: 5/25/22
(Use additional pages, if necessary)

Page ___ of ___