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

State Agency Department ID: 3900283 Contractor Name: AFRIDI ASSOCIATES

Contract Start Date: 01/03/2021

Agency Business Unit: DOT01 Contract Number: D038204 Contract End Date: 08/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
47-4011.00	5.00	8,406.00	\$1,058,548.00
	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	5.00	8,406.00	\$1,058,548.00
Grand Total	5.00	8,406.00	\$1,058,548.00

Name of person who prepared this report: SHEHZAD KHAN	
Title: SR. ASSOCIATE	Phone #: 631-465-0786
Preparer's Signature:	*
Date Prepared: 04/07/2022	

(Use additional pages, if necessary)