

**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:** NYS - Office of the State Comptroller

**State Agency Department ID:** 3050000

**Agency Business Unit:**

**Contractor Name:** Trigyn Technologies, Inc.

**Contract Number:** PH68631

**Contract Start Date:** T/B/D

**Contract End Date:** T/B/D

<b>Employment Category</b>	<b>Number of Employees</b>	<b>Number of Hours to be Worked</b>	<b>Amount Payable Under the Contract</b>
Business Analyst - Senior 13-1111.00	1.00	5,000.00	\$348,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>1.00</b>	<b>5,000.00</b>	<b>\$348,000.00</b>
<b>Grand Total</b>	<b>1.00</b>	<b>5,000.00</b>	<b>\$348,000.00</b>

Name of person who prepared this report: Tom Gordon

Title: Sr. Vice President

Phone #: 732-777-4608

Preparer's Signature: 

Date Prepared: 2/16/2024

(Use additional pages, if necessary)

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