

**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: Workers' Compensation Board  
 State Agency Department ID: 3560000 Agency Business Unit: WCB01  
 Contractor Name: Trigyn Technologies Contract Number: PH68631  
 Contract Start Date: 1/3/2024 Contract End Date: 7/2/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	5,200.00	\$424,060.00
	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>	1.00	5,200.00	\$424,060.00
<b>Grand Total</b>			

Name of person who prepared this report: Glenn Warnock  
 Title: CMS1 Phone #: 518-402-8169  
 Preparer's Signature:                     *Glenn Warnock*                      
 Date Prepared: 12/28/2023

(Use additional pages, if necessary)

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