

**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: GCom Software LLC Contract Number: PH68609  
 Contract Start Date: 03/26/2024 Contract End Date: 9/25/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	3,120.00	\$205,764.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	3,120.00	\$205,764.00
<b>Grand Total</b>			

Name of person who prepared this report: Glenn Warnock

Title: CMS1

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Preparer's Signature:           *Glenn Warnock*          

Date Prepared: 3/19/2024