Contract #: C012929

AC 3271-S (Effective 4/12)

FORM A

## **ATTACHMENT 10**

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

| State Agency Name: Department of Environmental C | Conservation                   |
|--|--------------------------------|
| State Agency Department ID: 3350000              | Agency Business Unit: DEC01    |
| Contractor Name: SEXTON SERVICES INC             | Contract Number: 60/2929       |
| Contract Start Date: 8/15/2022                   | Contract End Date: 3/31 / 2027 |

| Employment Category | Number of<br>Employees | Number of Hours to be Worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|------------------------------|--------------------------------------|
| 13-1151.00          | 1                      | 2/31                         | \$129,250                            |
|                     |                        |                              |                                      |
|                     |                        | 4                            |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
|                     |                        |                              |                                      |
| Total this Page     | 0.00                   | 0.00                         | \$ 0.00                              |
| Grand Total         | 1                      |                              |                                      |

| Name of person who prepared this report: | Christie              |
|--|-----------------------|
| Title: Operations, Mgr                   | Phone #: 585-663.8290 |
| Preparer's Signature: Susan Christie     |                       |
| Date Prepared: 9 12 23                   |                       |

(Use additional pages, if necessary)