


**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: Department of Health	Agency Business Unit: BEI
State Agency Department ID: 3450261	Contract Number: PH68611
Contractor Name: ILINK Solutions INC	Contract End Date: 3/29/2024
Contract Start Date: 12/1/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist	1.00	2,500.00	\$192,450.00
	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>	1.00	2,500.00	\$192,450.00
<b>Grand Total</b>	1.00	2,500.00	\$192,450.00

Name of person who prepared this report: Chris Glockler  
 Title: Manager Information Technology Services 1  
 Phone #: 518-258-3304

Preparer's Signature:   
 Date Prepared: 9/25/2023