

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 Labor	Agency Business Unit: DOL01
State Agency Department ID: 3550000	Contract Number: PH68611
Contractor Name: I-Link Solutions Inc	Contract End Date: 06/25/2025
Contract Start Date: 06/26/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1212.00 Information Tech Specialist - Senior Level	1.00	4,000.00	\$266,240.00
	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	4,000.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Devon Wright

Title: Dir. Gov't Relations

Phone #: 571-348-0810

Preparer's Signature:  _____

Date Prepared: 06/01/2023