

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

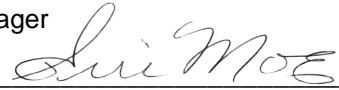
State Agency Name: Department of Labor
 State Agency Department ID: 3550000 Agency Business Unit: DOL01
 Contractor Name: OST Inc Contract Number: PH68619
 Contract Start Date: 11/27/2023 Contract End Date: 05/27/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Sr Programmer 15-1251.00 Hourly Bill Rate \$63.24	1.00	5,000.00	\$316,200.00
	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	5,000.00	\$316,200.00
Grand Total			

Name of person who prepared this report: Eric Moe

Title: Sr. Contracts Manager

Phone #: 540-333-9430

Preparer's Signature: 

Date Prepared: / / 11/16/203