

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: NYS OPWDD Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: JayKay Services, Inc. DBA JayKay Medical Staffing Contract Number: C0SCD00617
 Contract Start Date: 06/01/2023 Contract End Date: 05/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	0.00	1,180.00	\$45,518.50
	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	0.00	1,180.00	\$45,518.50
Grand Total	0.00	1,180.00	\$45,518.50

Name of person who prepared this report: Keith Ryer

Title: CMS 1

Phone #: 845-877-6821x3321

Preparer's Signature:  _____

Date Prepared: 05/22/2023