

FORM A

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

New York State Education Department Agency Code: SED01

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

Contractor Name: System Edge (USA) LLC

Contract Number: 04-12609

Contract Start Date: 5/11/2023

Contract End Date: 11/11/2025

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1211.00	Computer Systems Analysts	1	5125	\$367,616.25
Total this page				
Grand Total				\$367,616.25

Name of person who prepared this report: Bradford Archambault	
Title: Information Technology Specialist 4	Phone #: (518) 473-8836
Preparer's Signature: /s Bradford Archambault	
Date Prepared: 4/12/2023	
(Use additional pages, if necessary) Page 1 of 1	

INSTRUCTIONS FOR COMPLETING FORM A

Provide all planned employment that is anticipated, from the contract start date through the end of the contract term. You should include information for all employees providing service under the contract whether employed by the contractor or a subcontractor and whether full or part-time.

- 1. Employment Category and Employment Title:** select the specific occupation(s), as listed in O*NET occupational classification system, which best describe the employees providing services under the contract.

Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.

List both the Employment Category Code and the Title.

- 2. Number of Employees:** By employment category, list the number of persons employed to provide services under this contract.
- 3. Number of hours to be worked:** list the number of hours to be worked in each employment category.
- 4. Amount Payable Under the Contract:** report the total amount to be paid to the Contractor by the State under the contract, for work performed by these employees.
- 5. Total this page:** From the first page, total the number of employees, number of hours worked and amount payable under this contract.
- 6. Grand total:** If using additional pages, use this line to add first page plus additional page(s) and enter the grand total for number of employees, hours worked and amount payable.
- 7. Contact information:** Please complete the requested information at the bottom of the page. If there are questions regarding this form, this is the person we will contact. Submit the original plus two copies with the contract or send to:

NYS Education Department
Contract Administration Unit
89 Washington Avenue, Room 503 W EB
Albany, NY 12234

PLEASE REMEMBER TO COMPLETE AND SIGN FORM