

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: State University of New York - System Administration  
 State Agency Department ID: SNY01 Agency Business Unit: 2877  
 Contractor Name: John Goggin Contract Number: C004112  
 Contract Start Date: 9/20/23 Contract End Date: 9/19/25

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
Computer and Information Systems Manager	1.00	2,550.00	\$497,250.00
	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	2,550.00	\$497,250.00
<b>Grand Total</b>			

Name of person who prepared this report: Aunkita Ghosh  
 Title: Director, Accounts *Aghosh* Phone #: 304-276-7332  
 Preparer's Signature: \_\_\_\_\_  
 Date Prepared: 9/12/2023