

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: Workers' Compensation Board
 State Agency Department ID: 3560000 Agency Business Unit: WCB01
 Contractor Name: Panha Solutions Contract Number: PH68620
 Contract Start Date: 2/5/2024 Contract End Date: 2/4/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	4,160.00	\$304,844.80
	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	4,160.00	\$304,844.80
Grand Total			

Name of person who prepared this report: Glenn Warnock
 Title: CMS1 Phone #: 518-402-8169
 Preparer's Signature: *Glenn Warnock*
 Date Prepared: 1/19/2024