

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 WCB	Agency Business Unit: WCB01
State Agency Department ID: 3560000	Contract Number: OCHBT12592
Contractor Name: Sligo Software	Contract End Date: 12/31/2025
Contract Start Date: 5/15/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	4,160.00	\$375,000.00
	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	4,160.00	\$375,000.00
Grand Total			\$375,000.00

Name of person who prepared this report: Jameelah Burnett
 Title: CMS 1 Phone #:
 Preparer's Signature: _____
 Date Prepared: 5/15/2023