

**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	WCB01-OCHBIT12630-3560000
State Agency Department ID: 3560000	Agency Business Unit: WCB01
Contractor Name: I-Link Solutions	Contract Number: HBITS12630
Contract Start Date: 6/01/2023	Contract End Date: 11/30/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	5,200.00	\$440,000.00
	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	5,200.00	\$440,000.00
<b>Grand Total</b>			\$440,000.00

Name of person who prepared this report: Glenn Warnock

Title: CMS 1

Phone #: 518-402-8169

Preparer's Signature: Glenn Warnock

Date Prepared: 6/1/2023