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: I-Link Solutions Contract Number: PH68611
Contract Start Date: 10/10/2023 Contract End Date: 4/9/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	5,200.00	\$502,736.00
	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	\$502,736.00
Grand Total			

Name of person who prepared this report: Glenn War	nock
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Title: CMS1 Phone #: 518-402-8169

Preparer's Signature: Glenn Warnock

Date Prepared: 10/05/2023

(Use additional pages, if necessary)