AC 3271-S (Effective 4/12)

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: Greycell Contract Number: PH68912
Contract Start Date: 1/25/2024 Contract End Date: 7/24/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	5,200.00	\$384,280.00
	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	\$384,280.00
Grand Total			

Ν	ame	of	person	who	pre	pared	this	report:	Glenn	W	'arnock	ζ
---	-----	----	--------	-----	-----	-------	------	---------	-------	---	---------	---

Title: CMS1 Phone #: 518-402-8169

Preparer's Signature: <u>Glenn Warnock</u>

Date Prepared: 1/3/2024

(Use additional pages, if necessary)

Page

of