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 Contractor Name: OST Inc Contract Start Date: 2/12/2024

Agency Business Unit: WCB01 Contract Number: PH68619 Contract End Date: 11/21/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252-00	1.00	3,720.00	\$355,111.20
	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	3,720.00	\$355,111.20
Grand Total			

Name of person who prepared this report: Glenn Warnock

Glenn Warnock

Title: CMS1

Phone #: 518-402-8169

Preparer's Signature:

Date Prepared: 2/05/2024

(Use additional pages, if necessary)

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