

CONTRACTOR DISCLOSURE 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 Workers' Compensation Board**
 State Agency Department ID: **3560000**
 Agency Business Unit: **WCB01**
 Contractor Name: **New York State Technology Enterprise Corporation (NYSTEC)** Contract Number: **PN691AD**
 Contract Start Date: **05/26/2023** Contract End Date: **05/25/2025**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1299.09	1.00	3,984.00	\$563,975.04
Total this page	1.00	3,984.00	\$563,975.04
Grand Total	1.00	3,984.00	\$563,975.04

Name of person who prepared this report: **Lydia Chan**

Title: **Contract Management Specialist 2**

Phone #: **(518) 402-5264**

Preparer's Signature: 

Date Prepared: **5/26/2023**

AC 271-S (Effective 4/12)