## Upstate Correctional Facility 3250208

## FORM B

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

| Contracting State Agency Name: Upstate Correctional Facility Contract Number: DOC01-8402 Agency Business Unit: Contract Term: / / to / / Agency Department ID: Contractor Name: White Glove Placement, Inc. Contractor Address: 89 Bartlett Street Brooklyn NY 11206 Description of Services Being Provided: nursing services  Scope of Contract (Choose one that best fits):  |                        |                           |                                      |
|--|------------------------|---------------------------|--------------------------------------|
| Analysis Evaluation Research Training  |                        |                           |                                      |
| ☐ Data Processing ☐ Computer Programming ☐ Other IT consulting ☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services   |                        |                           |                                      |
| ☐ Health Services ☐ Mental Health Services   |                        |                           |                                      |
| Accounting Auditing Paralegal Legal Other Consulting   |                        |                           |                                      |
| Employment Category  | Number of<br>Employees | Number of<br>Hours Worked | Amount Payable<br>Under the Contract |
| Registered Nurse   | 7.00                   | 2,351.75                  | . \$297,093.75                       |
|  | . 0.00                 | 0.00                      | \$0.00                               |
|  | 0.00                   | 0.00                      | \$0.00                               |
| Addition of the same of the sa | 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<br>\$0.00                     |
| · ·  | 0.00                   | 0.00                      | \$0.00                               |
| · · · · · · · · · · · · · · · · · · ·  | 0.00                   | 0.00                      | \$0.00                               |
| Total this Page  | 7.00                   | 2,351.75                  | \$297,093.75                         |
| Grand Total  |                        |                           | <u> </u>                             |
| Name of person who prepared this report: Miri Rosenberg  Title: Manager, Accounts Receivable  Preparer's Signature: Miri Rosenberg  Phone #: 718-387-8181 x123   |                        |                           |                                      |

(Use additional pages, if necessary)

Date Prepared: 5/8/2024