

\$62.03

D0201-0161478-3250226


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: _____
 State Agency Department ID: _____
 Contractor Name: Pinnacle Travel Staffing Agency Business Unit: _____
 Contract Start Date: 3/1/19 Contract Number: _____
 Contract End Date: 10/24/22

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>Registered Nurses</u>	<u>19,374</u> 0.00	<u>153,132</u> 0.00	<u>\$9,498,777.90</u> \$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
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	0.00	0.00	\$0.00
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	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	0.00	0.00	\$0.00
Grand Total			\$ 0.00

Name of person who prepared this report: Marty Rastelli
 Title: President
 Preparer's Signature:  Phone #: 716-816-6765
 Date Prepared: 1/11/2019