

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

OP001 - COSCD00137 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Absolute Staffing & Consulting Solutions, LLC Contract Number: C0SCD00137
 Contract Start Date: 6/1/2018 Contract End Date: 5/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	6.00	3,000.00	\$61,530.76
LPN	2.00	2,200.00	\$87,063.46
RN	2.00	1,250.00	\$68,222.40
RN Case Management	1.00	750.00	\$47,399.96
	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	11.00	7,200.00	\$264,216.58
Grand Total	11.00	7,200.00	\$264,216.58

Name of person who prepared this report: Christina Palumbo

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Title: CMS I

Preparer's Signature: 

Date Prepared: 4/23/2018