AC 3271-S (Effective 4/12)

FORM A CUG

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

State Agency Name: NYS OPWDD: Hudson Valley DDSOO
State Agency Department ID: 3660236
Agency Business Unit: 51210
Contractor Name: Absolute Staffing & Consulting Solutions, LLC
Contract Number: C0SHV00123
Contract Start Date: 5/1/2018
Contract End Date: 4/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	6.00	1,840.00	$42,044.43
	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	6.00	1,840.00	$42,044.43
Grand Total	6.00	1840.00	$42,044.43

Name of person who prepared this report: Christina Palumbo

Phone #: (845) 877-6821 x.3704

Title: CMS I

Preparer's Signature: _____

Date Prepared: 4/1/2018

(Use additional pages, if necessary)