

**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: Mohawk Correctional Facility

State Agency Department ID: 3250249

Agency Business Unit: DOC01

Contractor Name: Adelphi Medical Staffing

Contract Number: C390001

Contract Start Date:     /     / *2 yrs From contract approval date*

Contract End Date:     /     /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1021.00	2.00	420.00	\$60,060.00
	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	\$0.00
	0.00	0.00	\$0.00
Total this Page	2.00	420.00	\$60,060.00
<b>Grand Total</b>	2.00	420.00	\$60,060.00

Name of person who prepared this report: Mary Lou Lopitz

Title: Steward

Phone #: 315-339-5232

Preparer's Signature: *Mary Lou Lopitz*

Date Prepared: 9/12/2024

(Use additional pages, if necessary)

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