

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: NYS Department of Health	Agency Business Unit: NYSoH
State Agency Department ID: 3450000	Contract Number: PH69868
Contractor Name: Experis	Contract End Date: 9/11/2027
Contract Start Date: 3/12/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00	1.00	5,000.00	\$408,750.00
	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	1.00	5,000.00	\$408,750.00
Grand Total	1.00	5,000.00	\$408,750.00

Name of person who prepared this report: Colleen M. Williams

Title: Medicaid Program Manager

Phone #: 518-457-5188

Preparer's Signature: Colleen M. Williams

Date Prepared: 2/27/2025

(Use additional pages, if necessary)

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