

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: Department of Labor

State Agency Department ID: 3550000

Contractor Name: Trigyn Technologies Inc

Contract Start Date: 08/19/2024

Agency Business Unit: DOL01

Contract Number: PH68631

Contract End Date: 02/17/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Ex IT Specialist 15-1251.00 Hourly Bill rate \$86.95	1.00	5,000.00	\$434,750.00
	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
Total this Page	1.00	5,000.00	\$434,750.00
Grand Total			

Name of person who prepared this report: Tom Gordon

Title: Sr. Vice President

Phone #: 732-777-4608

Preparer's Signature: 

Date Prepared: 7/25/24