

1.9 Contract Consultant Law (Forms A & B)

ONTRACTOR CONSULTANT	ΓLAW		APPENDIX (
		OSC Use Only: Reporting Code: Category Code: Date Contract App	roved:
FORM A			
State C	onsultant Services	- Contractor's Planned Em	ployment
From Cor	tract Start Date Th	rough The End Of The Co	ntract Term
State Agency Name: NYS	Insurance Fund	Agency	Code: 7010204
Contractor Name: Speri	lian Technologies LLC Contract Number:		
Contract Start Date: TBD		Contract End Date: TBD	
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under th
15-1299.09	1	740	\$88,800
15-1252.00	5	3960	\$403,9200
15-1211.00 15-1255.00	1	900 1080	\$90,000 \$110,160
Total this page	8	6680	\$692,880
Grand Total			\$692,880
Name of person who prepare	d this report Aunki	ta Ghosh	2 1 2 1
Name of person who prepared this report: Aunkita Ghosh Title: Director- IT Staffing Phone #:			04 276 7332
Preparer's Signature:			
Date Prepared: 05-15-2024			
(Use additional pages, if nece	essary)		Pageof
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