

CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

**New York State Consultant Services
Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Workers' Compensation Board

State Agency Department ID: 3560000

Agency Business Unit: WCB01

Contractor Name: TEKsystems

Contract Number: C140414

Contract Start Date: 4 / 1 / 2024

Contract End Date: 4 / 1 / 2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1253.00	5	24,752	\$1,949,220
15-1252.00	31	144,976	\$12,966,159
15-1255.00	1	10,608	\$933,504
15-1244.00	1	7,072	\$601,120
15-2051.01	1	10,608	\$933,504
15-1243.01	2	15,912	\$1,479,816
15-1299.08	4	21,216	\$2,199,250.50
Total this page	45 0	235,144 0	\$21,062,573 \$ 0.00
Grand Total	45	235,144	\$21,062,573

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Date Prepared: 2/27/2024

Use additional pages if necessary

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