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 WCB

State Agency Department ID: 3560000 Agency Business Unit: WCB01
Contractor Name: SystemEdge USA LLC Contract Number: PH68628
Contract Start Date: 3/24/2025 Contract End Date: 9/23/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 15-1252.00 | 1.00 | 5,200.00 | \$315,900.00 |
| | 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 | 5,200.00 | \$315,900.00 |
| Grand Total | | | \$315,900.00 |

| ١ | Jame of | person v | vho | prepared | this | report: | Glenn | Warnock |
|---|---------|----------|-----|----------|------|---------|-------|---------|
| | | | | | | | | |

Title: CMS 1 Phone #: 518-402-8169

Preparer's Signature: _____*Glenn Warnock*

Date Prepared: 03/06/2025

(Use additional pages, if necessary)