

Rockland Psychiatric Center  
3650547

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: OMH

Contract Number: C200729

Agency Business Unit: OMH01

Contract Term: 4/1/2024 to 3/31/2025

Agency Department ID: 3650547

Contractor Name: Worldwide Travel Staffing, Limited

Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150

Description of Services Being Provided: Speech Language Pathologist Services

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☒ Health Services    ☒ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------|-----------------------------------|
| 29-1127.00          | 1.00                | 65.00                  | \$4,387.50                        |
|                     | 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                | 65.00                  | \$4,387.50                        |
| <b>Grand Total</b>  | 1.00                | 65                     | \$14,387.50                       |

Name of person who prepared this report: Leo R. Blatz

Title: C.E.O.

Phone #: 716-821-9001

Preparer's Signature: 

Date Prepared: 05/01/2025

(Use additional pages, if necessary)