

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: Department of Labor
 State Agency Department ID: 3550000 Agency Business Unit: DOL01
 Contractor Name: Trigyn Technologies Inc Contract Number: PH68631
 Contract Start Date: 06/26/2025 Contract End Date: 12/25/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Senior Programmer 15-1251.00 Hourly Bill Rate \$72.42	1.00	5,000.00	\$362,100.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	5,000.00	\$362,100.00
Grand Total			

Name of person who prepared this report: **Thomas A. Gordon**
 Title: Senior Vice President Phone #: 732-777-4608
 Preparer's Signature: _____
 Date Prepared: **05/15/25**