

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	Agency Business Unit: DOL01
State Agency Department ID: 3550000	Contract Number: PH68624
Contractor Name: Sligo Software Solutions Inc	Contract End Date: 08/16/2028
Contract Start Date: 02/17/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Senior Tester_15-1253.00_Hourly Bill Rate: \$54.16	1.00	5,000.00	\$270,800.00
	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	\$270,800.00
Grand Total	1.00	5,000.00	\$270,800.00

Name of person who prepared this report: Deepika Narahari

Title: HR- Manager

Phone #: 518-800-4098

Preparer's Signature: 

Date Prepared: 01/23/2026