

**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: State University of New York - System Administration  
 State Agency Department ID: SNY01 Agency Business Unit: 2877  
 Contractor Name: *Monika Champawat* Contract Number: *C004249*  
 Contract Start Date: *1/10/01/2025* <sup>2 Years on</sup> OSC approval Contract End Date: *1/09/30/2027*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Application Data Engineer</i>	<i>1</i> 0.00	<i>39.52</i> 0.00	<i>603,250.</i>
	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
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	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<i>1</i>	<i>3952</i>	<i>\$603,250.</i>

Name of person who prepared this report:  
 Title: *HR Manager* Phone #: *732-238-0072*  
 Preparer's Signature: *Kathy Steller*  
 Date Prepared: *8/10/25*