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: OST, Inc. | Contract Number: PH6619
Contract Start Date: 11/24/2025 | Contract End Date: 05/23/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	5,200.00	$523,068.00
	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	$523,068.00
Grand Total			$523,068.00

Name of person who prepared this report: Glenn Warnock
Title: CMS 1 | Phone #: 518-402-8169
Preparer's Signature: Glenn Warnock

Date Prepared: 11/10/2025

(Use additional pages, if necessary)