

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 Business Unit: WCB01
Agency Department ID: 3560000	Contract Number: PH68619
Contractor Name: OST, Inc Contract	Contract End Date: 09/01/2028
Start Date: 03/02/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	5,200.00	\$411,320.00
	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	5,200.00	\$411,320.00
Grand Total			\$411,320.00

Name of person who prepared this report: Glenn Warnock

Title: CMS 1

Phone #: 518-402-8169

Preparer's Signature: *Glenn Warnock*

Date Prepared: 2/12/2026

(Use additional pages, if necessary)