

ATTACHMENT 14



**Department of  
Civil Service**

**New York State Consultant Services  
Contractor's Planned Employment  
IFB entitled: "Employee Benefit Card"**

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: New York State Department of Civil Service  
 State Agency Department ID: 08000 Agency Business Unit: DCS01  
 Contractor Name: Contract Number: C000726  
 Contract Start Date: 03/21/2020 Contract End Date: 05/20/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	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
<b>Total this Page</b>	0.00	0.00	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature: \_\_\_\_\_

Date Prepared: / /