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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Department of Civil Service | | | | | | | |
| State Agency Department ID: 3150200 | | | | Agency Business Unit: DCS01 | | | |
| Contractor Name: | | | | Contract Number: | | | |
| Contract Start Date:   /  / | | | | Contract End Date:   /  / | | | |
|  | | | | | | | |
| **Employment Category** | | **Number of Employees** | | **Number of Hours to be Worked** | | **Amount Payable Under the Contract** | |
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| Total this Page | | 0.00 | | 0.00 | | $ 0.00 | |
|  | **Grand Total** |  | |  | |  | |
| Name of person who prepared this report: | | | | | | | |
| Title: | | | | | Phone #: | | |
| Preparer’s Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date Prepared:   /  / | | | |  |  |  |  |
| (Use additional pages, if necessary) | | |  |  |  | Page     of | |