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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     |