ATTACHMENT 11

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: 3150200		Agency Business Unit: DCS01	
Contractor Name:		Contract Number: C000720	
Contract Start Date: / /		Contract End Date:	1 1
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
			,
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: / /			
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(Use additional pages, if necessary)			Page of