

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: Corrections and Community Supervision
 State Agency Department ID: 3250226 Agency Business Unit: DOC01
 Contractor Name: Total Healthcare Staffing of L.I., LLC Contract Number: CC161369
 Contract Start Date: 6/1/2016 Contract End Date: 3/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1141.00, Registered Nurses	15.00	89,176.00	\$5,216,795.32
	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	15.00	89,176.00	\$5,216,795.32
Grand Total	15.00	89,176.00	\$5,216,795.32

Name of person who prepared this report: Tracy Altamuro
 Title: Director of Operations Phone #: 516-409-9211
 Preparer's Signature: J Altamuro
 Date Prepared: 4/13/16