

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 Transportation
 State Agency Department ID: 3900283 Agency Business Unit: DOT01
 Contractor Name: Professional Driver Institute Contract Number: C005266 *CE*
 Contract Start Date: 01/01/2018 Contract End Date: 12/31/2018

DOT01 - C005266 - 3900283

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
53-3032.00,	9.00	1,200.00	\$48,000.00
	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	\$0.00
Total this Page	9.00	1,200.00	\$48,000.00
Grand Total			

Name of person who prepared this report: Kelly M. Phalen
 Title: General Manager Phone #: 585-293-1203
 Preparer's Signature: *Kelly M. Phalen*
 Date Prepared: 12/12/2017