## Rockland Psychiatric Center 3650547

## FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: OMH Contract Number: OMH01 Agency Business Unit: OMH01 Contract Term: 4/1/2020 to 3/31/2021 Agency Department ID: 3650547 Contractor Name: Worldwide Travel Staffing, Limited Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150 Description of Services Being Provided: Speech Language Pathologist Services				
Scope of Contract (Choose one that best fits):   Analysis Evaluation Research Training   Data Processing Computer Programming Other IT consulting   Engineering Architect Services Surveying Environmental Services   Health Services Mental Health Services Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1127.00	1.00	131.83	\$8,569.44	
	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	1.00	131.83	\$8,569.44	
Grand Total	1.00	131	\$8,569.44	

Name of person who prepared this report: Leo R. Blatz

2

Title: C.E.O.

Phone #: 716-821-9001

Preparer's Signature:

Date Prepared: 4/30/2021

(Use additional pages, if necessary)

## FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021					
Contracting State Agency Name: OM Contract Number: OMH01 Contract Term: 4/1/2020 to 3/31/2 Contractor Name: Worldwide Travel S Contractor Address: 2829 Sheridan E Description of Services Being Provide	021 Staffing, Limited Drive, Tonawand		ID: 3650547		
Scope of Contract (Choose one that best fits):   Analysis Evaluation   Data Processing Computer Programming   Other IT consulting   Engineering Architect Services   Health Services Mental Health Services   Accounting Paralegal Legal					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
19-3039.01	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		
	1	0.00	φ0.00		
	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 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	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		

Name of person who prepared this report: Leo R. Blatz

Title: C.E.O.

Phone #: 716-821-9001

(Use additional pages, if necessary)

Page 1 of 1