## DoHo1-C034998-3450000

OSC Use Only:

Reporting Code: CE

Category Code:

Date Contract Approved:

## FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Contractor Name: MAXIMUS

Agency Code: 12000

Contract Number: Unassigned

Contract Start Date: 01/01/2020

Contract End Date: 12/31/2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
General and Operations Managers 11-1021.00	4.50	9,360	888,854
Training and Development Managers 11-3131.00	2.27	4,720	324,473
Training and Development Specialists 13-1151.00	36.09	75,074	4,071,615
Travel Agents-41-3041.00	13.56	28,200	1,325,126
Financial Managers 11-3031.00	2.27	4,720	
Computer Systems Engineers/Architects 15-1199.02	.03	70	275,122 6,897
		V	
otal this page	0	0	\$ 0.00
Grand Total	58.72	122,144	6,892,087

Title: Vice President

Murales

Phone #:

518-649-8471

Preparer's Signature:

Date Prepared: 1 26/14

(Use additional pages, if necessary)

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