


FORM A

<p>New York State Consultant Services Contractor's Planned Employment</p> <p>From Contract Start Date Through the End of the Contract Term</p>

<p>State Agency Name: SUNY Upstate Medical University State Agency Department ID: 3320211 Contractor Name: Trusted Nurse Staffing, LLC Contract Start Date: 4 /1 /2021</p>	<p>Agency Business Unit: SNY01 Contract Number: Contract End Date: 4 /30 /2022</p>
---	--

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Surgical Technician 29-2055.00	3 1	2286 9000.00	120,000 \$488,250.00
Ultrasound Technician 29-2032.00	1 3	500 7300.00	30,000 \$438,000.00
	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
Total this Page	11 4	16,600.00	\$ 926,250.00 \$150,000
Grand Total			\$ 926,250.00 \$150,000

Name of person who prepared this report:
 Title: Nick Morin Phone #: (716) 853-5010
 Preparer's Signature: 
 Date Prepared: 03/18/2021
 (Use additional pages, if necessary) Page 1 of 1

Available on-line at:
<http://www.osc.state.ny.us/agencies/forms/> use AC 3271 S for Form A
 and AC3272 S for Form B