

CONTRACTOR DISCLOSURE FORM A

Required within three (3) business days of notification of selection by WCB

Complete instructions may accessed at: <http://www.osc.state.ny.us/agencies/gbull/g-226.htm>

OSC Use Only:

Reporting Code:

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

3560040

State Agency Name: NYS Workers' Compensation Board Agency Code: 14010

Contractor Name: Software People Inc.

Contract Number: C140356

Contract Start Date: 03/25/2015

Contract End Date: / /

OSC Approval for 1 yr.

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1111-00	1	1800	198,000
Total this page	1	1800	198,000 \$ -0.00
Grand Total			

Name of person who prepared this report: Sandeep Jain

Title: Sr. Vice President

Phone #: 631-863-02999

Preparer's Signature: Sandeep Jain

Date Prepared: 03/30/2015

Page of

Use additional pages if necessary