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:	Department of	Corrections and	Community	Supervision
State Adelicy	Maille.	Department of	Corrections and		Supervision

State Agency Department ID: 3250229

Agency Business Unit: DOC01

Contractor Name: Westchester County Healthcare Corp.

Contract Number: C161425

Contract Start Date: 9/1/2017

Contract End Date: 8/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Given the nature of the services Westchester County Healthcare Corp. provides, we cannot provide the information in the form requested.			
	7		
Total this page	0	0	\$ 0.00
Grand Total			

		100			
Name of	person	who	prepared	this	report.

Title: EVP

Phone #:

Preparer's Signature:

Date Prepared: 0 13/17

(Use additional pages, if necessary)

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