

Exhibit X

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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Department Name: <u>SUNY Upstate Medical University</u>	Department ID#: <u>3320211</u>
Contractor Name: _____	Contract Number: <u>C-504211</u>
Contract Start Date: <u>2/1/17</u>	Contract End Date: <u>1/31/22</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>43-3021.02</u>	<u>3</u>	<u>11,960</u>	<u>\$ 385,236</u>
Total this page	<u>3</u>	<u>11,960</u>	<u>\$ 385,236</u>
Grand Total	<u>3</u>	<u>11,960</u>	<u>\$ 385,236</u>

Name of person who prepared this report: Angela Scalise
 Title: Account Analyst Phone #: 315-464-4363
 Preparer's Signature: Angela Scalise
 Date Prepared: 2/16/18