

EXHIBIT X

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: SUNY Upstate Medical University
 State Agency Department ID: 28110 Agency Business Unit:
 Contractor Name: Nurse Practitioner Services Contract Number: C/X-504386
 Contract Start Date: 09/01/2016 Contract End Date: 08/31/2018

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--------------------------------|---------------------|------------------------------|-----------------------------------|
| Nurse Practitioner- 29-1171-00 | 1 | 2080 | 473,106 |
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| Total this Page | 1 | 2080 | 473,106 |
| Grand Total | 1 | 2080 | 473,106 |

Name of person who prepared this report: **Barbara A. Svoboda**
 Title: **Practice Plan Administrator** Phone #: **315-464-3119**
 Preparer's Signature: _____
 Date Prepared: **05/11/2018**