SNY01-C504393-3320211

- REVISED -

Exhibit X

OSC Use Only

Reporting Code:

Category Code:

Date Contract Approved:

47	
Form	2

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name:	SUNY Upstate Me	edical University	Agency Code:	28110
Contractor Name:	sychiatry	Faculty	Contract Number:	C/x-504393 9/30/20
Contract Start Date	0/1/17		Contract End Date:	9/30/20

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
~9-1066.00 Bychich	st 1	3,120	4405,375
Total This Page	1	3,100	\$405375.
Grand Total	1	3 120	4405375

Name of person who prepared this report Barbara J. Jas, nsk,
Title: Sc. (m+racts Aclm. n, Phone #: 315-464-4650)
Preparer's Signature Barbara, Joon St.
Date Prepared://