

Exhibit X

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

Form A

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

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: University OB/GYN Associates Inc.
Contract Start Date: 11/17/17

Contract Number: C-504424
Contract End Date: 12/31/20

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1141.00 Lactation Consultant (RN)</u>	<u>1</u>	<u>6,160</u>	<u>\$305,710</u>
Total This Page	<u>1</u>	<u>6,160</u>	<u>\$305,710</u>
Grand Total	<u>1</u>	<u>6,160</u>	<u>\$305,710</u>

Name of person who prepared this report: Barbara Jasinski
 Title: Sr. Contracts Adm.n. Phone #: 315-464-4680
 Preparer’s Signature: Barbara J. Jasinski
 Date Prepared: 12/31/19