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

28110

Agency Code:

| Form | A |
|------|---|
| Harm | Δ |

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

State Agency Name: <u>SUNY Upstate Medical University</u>

| Contract Or Name: University OB/G/N Contract Number: C-5045/7 Contract Start Date 4/6/18 Contract End Date: 4/5/23 | | | |
|--|------------------------|---------------------------------|--------------------------------------|
| Employment Category/Description | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
| 29-106400 Physcar | | 2,080 | 4228,000 |
| * | | | |
| | | | - |
| | | | |
| | | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total This Page | 1 | 2,080 | \$228,000 |
| Grand Total | / | 0,050 | \$ 205,000 |
| Name of person who prepared this report Title: So Contracts Add Preparer's Signature Rock Date Prepared: 12/5/19 | Barba m.n.strati | 7 J. Ja none #: 315-46 | S. NSK. 4-4650 DK; |