



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: _____ Agency Business Unit: **3320211**
 Contractor Name: Psychiatry Faculty Practice, Inc. Contract Number: ~~C-540621~~ **C504621**
 Contract Start Date: 02/20/2018 Contract End Date: 02/19/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist 29-1066.00	1.00	2,080.00	\$253,325.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	2,080.00	\$253,325.00
Grand Total	1.00	2,080.00	\$253,325.00

Name of person who prepared this report: Barbara A. Svoboda
 Title: Practice Plan Administrator
 Preparer's Signature: *Barbara A Svoboda*
 Date Prepared: 03/14/2019

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