

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: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc. Contract Number: C-540720
 Contract Start Date: 08/01/2018 Contract End Date: 07/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist 29-1066.00	1.00	104.00	\$66,750.00
Clinical Psychologist 19-3031.02	1.00	1,560.00	\$47,740.00
Social Worker 21-1029.00	1.00	1,560.00	\$29,250.00
	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	3.00	3,224.00	\$143,740.00
Grand Total	3.00	3,224.00	\$143,740.00

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature: Barbara A Svoboda

Date Prepared: 03/19/2019