SNY01-C504745-3320211

			37
Ex	hı	bit	X

OSC Use Only
Reporting Code: CUB
Category Code: 6-1

Date Contract Approved:

	190
Form	

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: Contract Start Date	Catate Emorgency	Contract Number: Contract End Date:	C/X-504745 6/30/21

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physcan	4	20,404	44,250,023
Total This Page	4	22,404	44,250,00
Grand Total	4	22,464	44 250.00

Name of person who p	prepared this report Barbara Jasinski, tracts Administr Phone #: 315-464-4680	
Title: Sr. Con	tracts Administration #: 315-464-4680	
Preparer's Signature_	Barbana g garnok	_
Date Prepared:	4/3/19	