

EXHIBIT X

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 Univ.*
 State Agency Department ID: *3320211* Agency Business Unit: *SN701*
 Contractor Name: *Pediatric Service Group, LLP* Contract Number: *C-504831*
 Contract Start Date: *1/1/19* Contract End Date: *12/31/22*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Pediatric Psychologist 19-3839.01</i>	<i>1</i>	<i>6,240</i>	<i>\$326,368</i>
Total this Page	<i>1</i>	<i>6,240</i>	<i>\$326,368</i>
Grand Total	<i>1</i>	<i>6,240</i>	<i>\$326,368</i>

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 Preparer's Signature: *William Shepard*
 Date Prepared: *7/27/19*