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 Upst to Medical Us	niv
State Agency Department ID: 33 202//	Agency Business Unit: 5N40/
State Agency Department ID: 33 20211 Contractor Name: Pediatric Service Group, LLP	Contract Number:
Contract Start Date: 7///8	Contract End Date: 6 1301 22

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
· Physician	(8,320	\$558,034.00
		12.1	
Total this Page			
Grand Total		8,320	\$558.034.00

Name of person who prepared this report: William Shepard Title: Contract Administrator Phone #: 315-464-4680 Preparer's Signature: Date Prepared: 112420
Date Prepared: 123/20

(Use additional pages, if necessary)