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OSC Use Only		9
Reporting Code:		
Category Code:	19	
Date Contract Approved:	3.	

Form A

State Consultant Services - Contractor's Planned Employment	
From Contract State Date Through the End of the Contract Term	n

			Number	-6	l No.	r of hours	Amount Paya	
Contractor Name: Contract Start Date	Pediatric	Sērvice	Group,				c/x-505065 6/30/24	
State Agency Name:	SUNY Ups	tate Medic	al Univer	sity	Agenc	y Code:	28110	

	Number of	Number of hours	Amount Payable
Employment Category	Employees	to be worked	Under the Contract
29-1065.00	1	10,400	\$.991,800
			1 1 1
8	3		
10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
<u> </u>		-	
			9
		6	
Total This Page	1	10,400	\$991,800
Grand Total	1	10.400	\$ 991.800

Name of person who prepared this report:	Leo Sawyer
Title: Practice Administrate	or Phone #: 315-464-5450
Preparer's Signature	7
Date Prepared: 2/6/20	
(Use additional pages if necessary)	Page 1 of 1