Exhibit X		OSC Use Only: Reporting Code: Category Code:	
		Date Contract Approved:	
FORM A			
		tor's Planned Employme	
From Contract Sta	art Date Through Th	e End Of The Contract T	erm
State Agency Name: SUNY Upstate Contractor Name: Department of N Contract Start Date: 71/122	redicine MSG		ode <u>: 28110</u> Number: <u>(- 506 22</u> 0
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1216.00	. 25	2,600	436,916
Total this page			
Grand Total			436,916

Name of person who prepared this report: Matthew Hotz	
Title: Chief Administrator	Phone #: 3/5-464-8282
Preparer's Signature:	
Date Prepared: 9/i/J}	
(Use additional pages, if necessary)	Page of