

Exhibit X

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contractor Name: <u>Upstate Medical Anesthesiology Group, Inc</u>	Contract Number: <u>C-506514</u>
Contract Start Date: <u>04/06/2023</u>	Contract End Date: <u>04/05/2028</u>

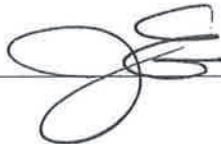
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Anesthesia Quality Officer	.20 FTE	416 annually	\$121,781.00
		2080 contract total	\$608,905.00
Total this page	.20 FTE	2080	\$608,905.00
Grand Total	.20 FTE	2080	\$608,905.00

Name of person who prepared this report: Jennifer Eckrich, MHA

Title: Business Manager

Phone #: 315-464-5205

Preparer's Signature: _____



Date Prepared: 08/18/2023

(Use additional pages, if necessary)