| OSC Use Only | |
|-------------------------|--|
| Reporting Code: | |
| Category Code: | |
| Date Contract Approved: | |

Form A

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

| State Agency Name: | SUNY Upstate Medical University | Agency Code: | 28110 |
|-----------------------------------------|---------------------------------|------------------|---------------------------|
| Contractor Name: Contract Start Date | Pediatric Service Group, LLP C | Contract Number: | C-503962 Jare 30, 2020 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------------------------|------------------------|-----------------------------------------------|--------------------------------------|
| 29-1065.00 | Varies | X | 1,301,470,00 |
| * Poyment 1. TH 15 COC POTCENTS | s not base | l, on # hour Hings and is infusions, th | worked. |
| | | | |
| | | | |
| Total This Page | | | |
| Grand Total | | | (301470,00 |

| | prepared this report: Leo S | 140 | 215 /6/ 5/50 |
|----------------------|-----------------------------|----------|--------------|
| Title: | Practice Administrator | Phone #: | 315-464-5450 |
| Preparer's Signature | OCO HOUNT | | |
| Date Prepared: _ | 3/2//16 | | |
| (Use additional page | :f) | | Page 1 of 1 |