Exhibit X		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:	
FORM A			
LICH MANEETENAH SIA MEDINAH SIA MENANGKAN MENANGKAN MENANGKAN MENANGKAN MENANGKAN MENANGKAN MENANGKAN MENANGKAN		tor's Planned Employment e End Of The Contract T	'erm
Department Name: SUNY Upstate Medical University Contractor Name: Department ID#: 3320211 Contract Start Date: Contract End Date: 3 3 1 21			
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1663.60	1	624)14,900
Total this page			
Grand Total	1	624	214,920
Name of person who prepared this re Title: Chief Administra	port: Matthe	Phone #:	315-464-8282
Preparer's Signature:			

Date Prepared: /0/19/16

(Use additional pages, if necessary)

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of