

EXHIBIT X

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: *SUNY Upstate*
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: *University Surgical Assoc.* Contract Number: *C504033*
 Contract Start Date: *2/1/16* Contract End Date: *1/31/21*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Staff Associate</i>	<i>1</i>	<i>9,360</i>	<i>\$590,141.00</i>
Total this Page	<i>1</i>	<i>9,360</i>	<i>\$590,141.00</i>
Grand Total	<i>1</i>	<i>9,360</i>	<i>\$590,141.00</i>

Name of person who prepared this report:

Title: *Contracts Administrator*

Phone #: *315-464-4680*

Preparer's Signature: *William Shepard*

Date Prepared: *2/1/16*