## SNY01-C504062-3320211

Exhibit X		OSC Use Only: Reporting Code: CUB	
		Category Code:	
and the second s		Date Contract Approv	red:
FORM A			
State Consultar	nt Services - Contrac	tor's Planned Employme	ent
From Contract St	art Date Through Th	e End Of The Contract	l'erm
Department Name: SUNY Upstate Name: Ontractor Name: Ontractor Start Date: July 1, 2	y Medical De		ent ID# <u>: 3320211</u> Number <u>Cay SO</u> YO 2 e <u>30,302</u> /
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physiciani Sirgeons	29	28,670	\$375,735
Total this page			
Grand Total			
Name of person who prepared this re Title: VINCIPA VIA Preparer's Signature: Date Prepared: 7/6/20/6	1	J Bark inger Phone #:	165, JK 35-464-8129
(Use additional pages, if necessary)			Page of