Reporting Code : CUB Exhibit X

OSC Use Only:	
Reporting Code:	CUB
Category Code:	
Date Contract Appr	roved:

## FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

 State Agency Name:
 SUNY Upstate Medical University
 Agency Code: 3320211

 Contractor Name:
 Contract Number:
 C504084

 Contract Start Date:
 7+1+2016
 06/01/2016
 Contract End Date:
 5+31+19

Employment Category	Number of Employees	Number of hours to be worked 26,280 hrst	Amount Payable Under the Contract
On Call Physician	11	24hrs/365da	\$1,642,500.00
Total this page			
Grand Total			

Name of person who prepared this report: 150 Craner	/Robert Kellman.
Title: Business Manager / Chair	Phone #: 464 7333
Preparer's Signature: Usa M Craner	
Date Prepared: 7.19.16	

(Use additional pages, if necessary)

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