SNY01-C504088-3320211

Exhibit X

OSC Use Only

Reporting Code: CUB

Category Code: 5-1

Date Contract Approved:

Form A

State Consultant Services - Contractor's Planned Employment	t
From Contract State Date Through the End of the Contract Terr	

State Agency Name:	SUNY Upstate Medical University	Agency Code:	28110
Contractor Name: Contract Start Date	Pediatric Service Group, LLP C	Contract Number: Contract End Date:	C/X 504088 6/30/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1065.00	4	9750	\$37.895
29-1065.00	<u>f</u>	9 032 26,000	1,230, 936 307,734 1,277,490
29-1071.00	74	10,750	364,950
Total This Page		87.349,5	£4.704 700
Grand Total		87,049,5	4,294,700

Name of person	who prepared this report: Leo	Sawyer	
Title:	Practice Administrator	_ Phone #:	315-464-5450
Preparer's Signa	ture Mary August		11
Date Prepared:	8/28/16		
(Use additional r	nages if necessary)		Page 1 of 1