## SNY01-C504140-3320211

Exhibit X		OSC Use Only: Reporting Code: CUB Category Code: Date Contract Approved:	
FORM A			
State Consultar	nt Services - Contrac	ctor's Planned Employme	nt
From Contract St	art Date Through Th	ne End Of The Contract T	erm
Department Name: SUNY Upstate M Contractor Name: Department of Contract Start Date:	of Medino		nt ID# <u>: 3320211</u> Number: <u>( - 504 1</u> 4(
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29.1069.02	1	43,540	537,871
		-	
			<u> </u>
Total this page Grand Total		-	
Name of person who prepared this re Title: Chief Administrat Preparer's Signature:	port: Matthew		<u>315-464-82</u> 82
Date Prepared: 10/8/16			
(Use additional pages, if necessary)			Page of

Page

of