Exhibit X		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:		
FORM A				
State Consulta	nt Services - Contrac	ctor's Planned Employme	nt	
From Contract St	tart Date Through Ti	ne End Of The Contract T	erm	
State Agency Name: SUNY Upstate Medical University  Contractor Name: Production of the Sunt Contract Start Date: 2/2/1/5   Contract End Date: 9/30/5				
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	
Para Harris Maria		764	7-2-13, 724-78	
		1		
Total this page		1 129	Tyvi nie ii	

Title:	Phone #:	r election
Preparer's Signature:		
Date Prepared:		
(I se additional names if nacessary)	Do	age of

Grand Total