Exhibit X

SN401-C504013-3320211

OSC Use Only Reporting Code: CUB Category Code: Date Contract Approved:

Form A

State Consultant Services - Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical University

Agency Code:

28110

Contractor Name: Upstate UKO/07, Contract Number: C/X - S04013 Contract Start Date 1/1/14 Contract End Date: 6/30/18

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00 Phys. cia	K /	10,400	#532,745*
billor collections	semint	based u	n putient
Total This Page	/	10,400	#532,765 #B2765
Grand Total	1	10,400	\$ 87 7/2S

Name of person who prepared this report Barbara Jasaski Title: Sr. Centracts Admost Phone #: 315-464-4650
Preparer's Signature Barbara good,
Date Prepared:/ //////////////////////////////