SNYOL- 6504034-3320211

Exhibit X

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

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

 Department Name:
 SUNY Upstate Medical University
 Department ID#: 3320211

 Contractor Name:
 Contract Start Date:
 Contract End Date:
 Contract End Date:

 Contract Start Date:
 Contract End Date:
 Contract End Date:
 Contract End Date:

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.8	,5	5200	\$802,365
Total this page			
Grand Total			

Name of person who prepared this report: _	Christopher	L. LALUNE
Title: BUSINESS MARADER		Phone #: 315-464-2000
Preparer's Signature:	- the	

Date Prepared: <u>9/21/16</u>

(Use additional pages, if necessary)

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