

Exhibit X

<b>OSC Use Only:</b> Reporting Code: Category Code: Date Contract Approved:
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**FORM A**

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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Department Name: <u>SUNY Upstate Medical University</u>	Department ID#: <u>3320211</u>
Contractor Name: <u>Department of Medicine &amp; SUNY Health Sciences Center</u>	Contract Number: <u>C-504039</u>
Contract Start Date: <u>7/1/16</u>	Contract End Date: <u>6/30/21</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1063.00</u>	<u>7</u>	<u>79,976</u>	<u>11,529,685</u>
<u>29-1071.00</u>	<u>7</u>	<u>75,400</u>	<u>4,742,320</u>
Total this page			
Grand Total			<u>16,272,005</u>

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 Preparer's Signature: [Signature]  
 Date Prepared: 10/20/16