

Exhibit X

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| OSC Use Only            |
| Reporting Code:         |
| 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: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

| Employment Category/Description                                      | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| <i>Surgical : Cytopathology<br/>Pathology Physician<br/>Services</i> | <i>1.0</i>          | <i>2040</i>                  | <i>\$ 317,216</i>                 |
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| <b>Total This Page</b>   |                     |                              |                                   |
| <b>Grand Total</b>   | <i>1.0</i>          | <i>2040</i>                  | <i>\$ 317,216</i>                 |

Name of person who prepared this report: Robert Corona, DO, MBA  
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 Preparer's Signature: *Robert Corona*  
 Date Prepared: 9-27-17  
 (Use additional pages if necessary) Page \_\_\_\_\_ of \_\_\_\_\_