Exhibit X

OSC Use Only: Reporting Code: (UB 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:
 Department ID#: 3320211

 Contract Start Date:
 Contract End Date:
 Department ID#: 3320211

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|------------------------|------------------------------|--------------------------------------|
| 29-1063,00 | 3.0 | 20, 800 | 3,650,000 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | | | |
| Grand Total | | | |

| Name of person who prepared this report: Mathew Ho | ste |
|--|-----------------------|
| Title: Chief Administrator | Phone #: 315-464-8282 |
| Preparer's Signature: | 101011 101 0000 |
| Date Prepared: 2/13/17 | |

(Use additional pages, if necessary)

Page of