

**EXHIBIT X**

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: *SUNY Upstate Medical Univ.*  
 State Agency Department ID: *3320211* Agency Business Unit: *28110*  
 Contractor Name: *CPS Recruitment, Inc.* Contract Number: *C-504260*  
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>(CNA) Certified Nursing Assistant</i>	<i>2</i>	<i>2,265</i>	<i>\$57,693</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>2</i>	<i>1,538</i>	<i>\$57,693</i>
<i>Mental Health Therapy Aide</i>	<i>2</i>	<i>2,498</i>	<i>\$57,693</i>
<i>Nurse Practitioner</i>	<i>2</i>	<i>751</i>	<i>\$57,693</i>
<i>OB Technician</i>	<i>2</i>	<i>1,538</i>	<i>\$57,693</i>
<i>Physician Assistant</i>	<i>2</i>	<i>751</i>	<i>\$57,693</i>
<i>Registered Nurse</i>	<i>2</i>	<i>1,093</i>	<i>\$57,693</i>
<i>Patient Safety Companion</i>	<i>2</i>	<i>2,611</i>	<i>\$57,693</i>
<i>Operating Room Technician</i>	<i>2</i>	<i>1,249</i>	<i>\$57,692</i>
<i>Anesthesia Technician</i>	<i>2</i>	<i>1,442</i>	<i>\$57,692</i>
<i>Echo Technician</i>	<i>2</i>	<i>943</i>	<i>\$57,692</i>
<i>EEG Technician</i>	<i>2</i>	<i>1,288</i>	<i>\$57,692</i>
<i>Clinical Lab Technologist</i>	<i>2</i>	<i>1,163</i>	<i>\$57,692</i>
<i>Histotechnologist</i>	<i>2</i>	<i>1,387</i>	<i>\$57,692</i>
<i>Phlebotomist</i>	<i>2</i>	<i>2,262</i>	<i>\$57,692</i>
<i>Occupational Therapist</i>	<i>2</i>	<i>931</i>	<i>\$57,692</i>
<i>Occupational Therapy Assistant</i>	<i>2</i>	<i>1,399</i>	<i>\$57,692</i>
<b>Total this Page</b>	<i>34</i>	<i>25,109</i>	<i>\$980,772</i>
<b>Grand Total</b>	<i>52</i>	<i>35,203</i>	<i>\$1,500,000</i>

Name of person who prepared this report: *William Shepard*  
 Title: *Contracts Administrator* Phone #: *315.464.4680*  
 Preparer's Signature: *William Shepard*  
 Date Prepared: *2/15/17*

EXHIBIT X

FORM A

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: *SUNY Upstate Medical Univ.*  
State Agency Department ID: *3320211* Agency Business Unit: *28110*  
Contractor Name: *LPS Recruitment, Inc.* Contract Number: *C-504260*  
Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Pharmacist</i>	<i>2</i>	<i>675</i>	<i>\$57,692</i>
<i>Pharmacy Technician</i>	<i>2</i>	<i>2,121</i>	<i>\$57,692</i>
<i>Physical Therapist</i>	<i>2</i>	<i>931</i>	<i>\$57,692</i>
<i>Physical Therapist Assistant</i>	<i>2</i>	<i>1,432</i>	<i>\$57,692</i>
<i>Radiation Therapist</i>	<i>2</i>	<i>801</i>	<i>\$57,692</i>
<i>Radiological Technologist</i>	<i>2</i>	<i>1,241</i>	<i>\$57,692</i>
<i>Respiratory Therapist</i>	<i>2</i>	<i>1,061</i>	<i>\$57,692</i>
<i>Sonographer</i>	<i>2</i>	<i>901</i>	<i>\$57,692</i>
<i>Speech Language Pathologist</i>	<i>2</i>	<i>931</i>	<i>\$57,692</i>
<b>Total this Page</b>	<i>18</i>	<i>10,094</i>	<i>\$519,228</i>
<b>Grand Total</b>	<i>52</i>	<i>35,203</i>	<i>\$1,500,000</i>

Name of person who prepared this report: *William Shepard*  
Title: *Contracts Administrator* Phone #: *315.464.4680*  
Preparer's Signature: *[Signature]*  
Date Prepared: *2/15/17*