

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: <i>SUNY Upstate Medical Univ.</i>	Agency Business Unit: <i>28110</i>
State Agency Department ID: <i>3320211</i>	Contract Number: <i>C-504264</i>
Contractor Name: <i>Fastaff, LLC</i>	Contract End Date: <i>4/30/20</i>
Contract Start Date: <i>5/1/17</i>	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Registered Nurse</i>	<i>10</i>	<i>2,538</i>	<i>\$300,000</i>
<i>Operating Room Tech</i>	<i>10</i>	<i>3,524</i>	<i>\$300,000</i>
<b>Total this Page</b>	<i>20</i>	<i>6,062</i>	<i>\$600,000</i>
<b>Grand Total</b>	<i>20</i>	<i>6,062</i>	<i>\$600,000</i>

Name of person who prepared this report: *William Shepard*  
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 Preparer's Signature: *William Shepard*  
 Date Prepared: *2/1/17*