

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: *Healthcare Staffing Pros, Inc.* Contract Number: *C-504267*
 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>1</i>	<i>731</i>	<i>\$ 17,307</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>1</i>	<i>494</i>	<i>\$ 17,307</i>
<i>Mental Health Therapy Aide</i>	<i>1</i>	<i>656</i>	<i>\$ 17,307</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>219</i>	<i>\$ 17,307</i>
<i>OB Technician</i>	<i>1</i>	<i>526</i>	<i>\$ 17,307</i>
<i>Physician Assistant</i>	<i>1</i>	<i>221</i>	<i>\$ 17,307</i>
<i>Registered Nurse</i>	<i>1</i>	<i>318</i>	<i>\$ 17,307</i>
<i>Patient Safety Companion</i>	<i>1</i>	<i>731</i>	<i>\$ 17,307</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>506</i>	<i>\$ 17,308</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>553</i>	<i>\$ 17,308</i>
<i>Echo Technician</i>	<i>1</i>	<i>311</i>	<i>\$ 17,308</i>
<i>EKG Technician</i>	<i>1</i>	<i>602</i>	<i>\$ 17,308</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>332</i>	<i>\$ 17,308</i>
<i>Histotechnologist</i>	<i>1</i>	<i>432</i>	<i>\$ 17,308</i>
<i>Phlebotomist</i>	<i>1</i>	<i>698</i>	<i>\$ 17,308</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>268</i>	<i>\$ 17,308</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>399</i>	<i>\$ 17,308</i>
Total this Page	<i>17</i>	<i>7,997</i>	<i>\$ 294,228</i>
Grand Total	<i>26</i>	<i>11,271</i>	<i>\$ 450,000</i>

Name of person who prepared this report: *William Shepard*

Title: *Contracts Administrator*

Phone #: *315.464.4680*

Preparer's Signature: *[Handwritten Signature]*

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*
 Contractor Name: *Healthcare Staffing Pros^{Inc.}*
 Contract Start Date: *5/1/17*
 Agency Business Unit: *28110*
 Contract Number: *C-504267*
 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>1</i>	<i>180</i>	<i>\$ 17,308</i>
<i>Pharmacy Technician</i>	<i>1</i>	<i>691</i>	<i>\$ 17,308</i>
<i>Physical Therapist</i>	<i>1</i>	<i>273</i>	<i>\$ 17,308</i>
<i>Physical Therapist Assistant</i>	<i>1</i>	<i>428</i>	<i>\$ 17,308</i>
<i>Radiation Therapist</i>	<i>1</i>	<i>288</i>	<i>\$ 17,308</i>
<i>Radiological Technologist</i>	<i>1</i>	<i>432</i>	<i>\$ 17,308</i>
<i>Respiratory Therapist</i>	<i>1</i>	<i>384</i>	<i>\$ 17,308</i>
<i>Sonographer</i>	<i>1</i>	<i>308</i>	<i>\$ 17,308</i>
<i>Speech Language Pathologist</i>	<i>1</i>	<i>290</i>	<i>\$ 17,308</i>
Total this Page	<i>9</i>	<i>3,274</i>	<i>\$ 155,772</i>
Grand Total	<i>26</i>	<i>11,271</i>	<i>\$ 450,000</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315.464.4680*
 Preparer's Signature: 
 Date Prepared: *2/1/17*