

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: *Stat Staff Professionals, Inc.* Contract Number: *C-504275*
 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>Licensed Practical Nurse</i>	<i>1</i>	<i>474</i>	<i>\$26,470</i>
<i>Nurse Practitioner</i>	<i>1</i>	<i>226</i>	<i>\$26,470</i>
<i>OB Technician</i>	<i>1</i>	<i>420</i>	<i>\$26,470</i>
<i>Registered Nurse</i>	<i>1</i>	<i>350</i>	<i>\$26,470</i>
<i>Operating Room Technician</i>	<i>1</i>	<i>420</i>	<i>\$26,470</i>
<i>Anesthesia Technician</i>	<i>1</i>	<i>420</i>	<i>\$26,470</i>
<i>Echo Technician</i>	<i>1</i>	<i>334</i>	<i>\$26,470</i>
<i>EEG Technician</i>	<i>1</i>	<i>588</i>	<i>\$26,471</i>
<i>Clinical Lab Technologist</i>	<i>1</i>	<i>387</i>	<i>\$26,471</i>
<i>Occupational Therapist</i>	<i>1</i>	<i>294</i>	<i>\$26,471</i>
<i>Occupational Therapy Assistant</i>	<i>1</i>	<i>387</i>	<i>\$26,471</i>
<i>Pharmacist</i>	<i>1</i>	<i>226</i>	<i>\$26,471</i>
<i>Physical Therapist</i>	<i>1</i>	<i>294</i>	<i>\$26,471</i>
<i>Radiologic Technologist</i>	<i>1</i>	<i>387</i>	<i>\$26,471</i>
<i>Respiratory Therapist</i>	<i>1</i>	<i>368</i>	<i>\$26,471</i>
<i>Sonographer</i>	<i>1</i>	<i>306</i>	<i>\$26,471</i>
<i>Speech Language Pathologist</i>	<i>1</i>	<i>294</i>	<i>\$26,471</i>
Total this Page	<i>17</i>	<i>6,175</i>	<i>\$450,000</i>
Grand Total	<i>17</i>	<i>6,175</i>	<i>\$450,000</i>

Name of person who prepared this report: *William Shepard*
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 Preparer's Signature: *[Signature]*
 Date Prepared: *2/15/17*