

OSC Use Only
 Reporting Code:
 Category Code:
 Date Contract Approved:

Form A

**State Consultant Services – Contractor’s Planned Employment
 From Contract State Date Through the End of the Contract Term**

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Dept of Medicine MSG Contract Number: C-504300
 Contract Start Date: _____ Contract End Date: _____

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>24-1063.40</u>	<u>1/25</u>	<u>1,300</u>	<u>204,180</u>
Total This Page			
Grand Total			

Name of person who prepared this report _____
 Title: Chief Administrator Phone #: 315-464-8282
 Preparer's Signature: [Signature]
 Date Prepared: 10/4/10