8.1.5

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 University

 State Agency Department ID: 3320211

 Contractor Name:

 Contract Start Date: () / // · · · ·

Agency Business Unit: SNY01 Contract Number: Contract End Date: 5/31/19

Employment Category	Number of Employees	Number of Hours	Amount Payable Under the Contract
29-1069.00	1	219	\$ 1000.00 day
Total this Page			
Grand Total		219	# 438 000.00

Name of person who prepared this report:

Title: Office Manager Preparer's Signature: Marcian Silla Date Prepared: 05 R57 2017 Phone #: 315-492-5777

(Use additional pages, if necessary)

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