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: 28110

Agency Business Unit: Contractor Name: Medical Direction

Contract Start Date: 03/01/2017

Contract Number: C-504316 Contract End Date02 28 /2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist 29-1066.00	1	2,080	\$273,100
	- X		
		2	
	_		
Total this Page	1	2,080	\$273,100
Grand Total	1	2,080	\$273,100

Name of person who prepared this report: Barbara A. Svoboo	da		
Title: Practice Plan Administrator	Phone #:	(315)	464-3119
Preparer's Signature: Darhaw Q Scroboth			

Date Prepared: 51/4/7

(Use additional pages, if necessary)

of