Exhibit X		OSC Use Only:	
		Reporting Code:	
		Category Code:	
		Date Contract Approve	ed:
FORM A			
State Consulta	nt Services - Contract	or's Planned Employme	nt
From Contract St	art Date Through The	e End Of The Contract T	`erm
C4-4- A No CUDIV II4-4-	Madical Halissanites	A	-d-: 20110
State Agency Name: <u>SUNY Upstate</u> Contractor Name: University Surgic			ode: 28110
Contract Start Date: April 1, 2017		Contract N tract End Date: March 3	Number: C-504334
Contract Start Date. April 1, 2017	Con	tract End Date. Water 3	1, 2022
	37 1 6	57 1 61 7	1 D 11
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Employment Category	Employees	be worked	Older the Contract
29-1067.00 Surgeon	4	8760	\$2,562,000

Name of person who prepared this report: Jennife	er Potter
Title: Project Staff Associate	Phone #: 315-464-6271_
Preparer's Signature:	
Date Prepared: 12/12/2017	
(Use additional pages, if necessary)	Page 1 of 1

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8760

8760

\$2,562,000

\$2,562,000

Total this page

Grand Total