

Exhibit X

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

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contractor Name: <u>University Surgical Associates, LLP</u>	Contract Number: <u>C/X-504340</u>
Contract Start Date: <u>August 1, 2017</u>	Contract End Date: <u>July 31, 2019</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1067.00 Surgeon	1	4160	\$370,544.00
Total this page	1	4160	\$370,544.00
Grand Total	1	4160	\$370,544.00

Name of person who prepared this report: Don Weber _____

Title: Administrator _____ Phone #: (315) 464-3210 _____

Preparer's Signature:  _____

Date Prepared: 10/17/2017

(Use additional pages, if necessary)