Exhibit X

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

-	-	-	-	
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State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

Department Name: SUNY Upstate M Contractor Name: If State (M) Contract Start Date: //////	rergency Me	Departme  Micine Succontract I  ntract End Date: 10	nt ID# <u>: 3320211</u> Number: \$7-504188
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-106999	/	416/48	55,387
			AN A
Total this page Grand Total		2080 Der	
Name of person who prepared this rep  Title: Alcount Di  Preparer's Signature:  Date Prepared: 12/11/6	ort: Ang.	2080 Der Cohtract ela Scalise Phone #:	<u>464-4363</u>
(Use additional pages, if necessary)	Page of		