

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: 28110 Agency Business Unit:
 Contractor Name: Psychiatry Faculty Practice Contract Number: C-504317
 Contract Start Date: 07/01/2017 Contract End Date: 02/28/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Nurse Practitioner-29-1071-00/			
Physician's Asst-29-1071-00	1	5,554	\$406,002
Total this Page	1	5,554	\$406,002
Grand Total	1	5,554	\$406,002

Name of person who prepared this report: Barbara Svoboda Phone #: 315-464-3119
 Title: Practice Plan Administrator
 Preparer's Signature: Barbara Svoboda
 Date Prepared: 05/14/2018