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	7
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State Agency Department ID: 28110

Agency Business Unit:

Contractor Name: Psychiatry Faculty Practice Captract Number: C-504389

Contract Start Date: 07 /01/ 2018

Contract End Date 06 30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
NUrse Practitioner-29-1171-00	111	6,240	\$462,820
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Total this Page	1	6,240	\$462,820
Grand Total	1	6,240	\$462,820

Name of person who prepared this report:	Barbara	Svoboda	
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH			V2227331 11.00

Title: Practice Plan Administrator

Phone #:315-464-3119

Preparer's Signature: Barlance

Date Prepared: 05/ 14 2018

(Use additional pages, if necessary)