## SNYØ1-C504409-3320211

Exhibit X  FORM A	OSC Use Only: Reporting Code: CUG Category Code: B- Date Contract Approved		
		ctor's Planned Employme ne End Of The Contract T	
Department Name: SUNY Upstate M Contractor Name: Contract Start Date: 3/1/18	edical University		nt ID#: 3320211
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069,00 Physicians and Sugrans	9	32,240	6,917,905
Total this page Grand Total	9	32,240	6,917,905
Name of person who prepared this rep Title: All (Und And Preparer's Signature: And Date Prepared: 4/1/1/8 (Use additional pages if pecessory)	ort: Ange elysty Halisz	Cla Scalise Phone #:	464-4343