| OSC Use Only | |
|-------------------------|--|
| Reporting Code: | |
| Category Code: | |
| Date Contract Approved: | |
| | |

Form A

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

| State Agency Name: SUNY Upstate Med | A | Agency Code: | 28110 |
|--|------------------------|--|--------------------------------------|
| Contractor Name: Upstate Medial And Contract Start Date 7/1/2018 | Sthesiology Go | Contract Number: Contract End Date: | C 504 447 6/30/2023 |
| Employment Category/Description | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
| OPERATIVE ON CALL 3N+5E | 9 | 8,760/yr | 2,102,400 |
| House toam on call | 9 | 3,744 JAR 5 YEARS! | 898,560 |
| | | | |
| | | | |
| | | | |
| Total This Page | 18 | 12.504/10 | 3,000,960 |
| Grand Total | 18 | 175011/12 | 3,000,960 |
| Name of person who prepared this report Title: Manager Preparer's Signature Date Prepared: 3.29 | | ne #: (315) 44 | 4-5205 |