## 5M1 C 504480 - 33208 11

Exhibit X		OSC Use Only:	
		Reporting Code:	
		Category Code:	
		Date Contract Approved:	
FORM A			
State Consultar	nt Services - Contract	or's Planned Employme	nt
From Contract St.	art Date Through The	e End Of The Contract T	erm
State Agency Name: SLINIV Linctate	Modical University	A canay C	ada: 20110
State Agency Name: <u>SUNY Upstate Medical University</u> Contractor Name: University Surgical Associates, LLP_		Agency Code: 28110  Contract Number: C-504480	
		tract End Date: October 7, 2019	
<u> </u>	Con	daet End Date. <u>Getober</u>	7, 201)
		ave v vari	
Employment Cotons	Number of	Number of hours to	Amount Payable
Employment Category	Employees	be worked	Under the Contract
29-1067.00 Surgeon	1	6960	\$875,875
			W
Total this page	1	6960	\$875,875
Grand Total	1	6960	\$875,875
Name of person who prepared this re-	port: Jennifer Potter_		
Title: Project Staff Associate	104	Phone #: 3	15-464-6271
Preparer's Signature:	n lake		
Date Prepared: 06/18/2018			

(Use additional pages, if necessary)

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