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| 1.7 |    | 711 | $\Lambda$ |

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

## FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

| Department Name: SUNY Upstate Medical University | Department ID#: 3320211   |
|--|---|
| Contractor Name: University OBGyn A              | Ge. Inc. Contract Number: C-50 4579                                     |
| Contract Start Date: 7/1/2019                    | Contract Number: <u>C-504579</u> Contract End Date: <u>6 (30 (20 23</u> |

| Employment Category | Number of<br>Employees | Number of hours to be worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|------------------------------|--------------------------------------|
| Physician Yol       | 2                      | 832                          | 140,375                              |
| Physician yrz       | 2                      | 832                          | 140,375                              |
| Physia 423          |                        | 832                          | 140,375                              |
| Physica 414         | 2                      | 812                          | 140,375                              |
| Physican yes        | 2_                     | 8-72                         | 140,375                              |
|                     |                        |                              |                                      |
| Total this page     |                        | 4160                         | 701875                               |
| Grand Total         |                        | 4160                         | 701 875                              |

| Name of person who prepared this report: | -le Gilbert         |
|--|---------------------|
| Title: Pretie Administration             | Phone #: 311-420-75 |
| Preparer's Signature:                    | u d                 |
| Date Prepared: 10/24/18                  |                     |
| (Use additional pages if necessary)      | Page of             |