SMO1-0504583-3320211

Exhibit X FORM A		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:	
State Consulta		ctor's Planned Employme	
From Contract St	tart Date Through Th	ne End Of The Contract T	'erm
Department Name: SUNY Upstate Name: Upstate Name: Contract Start Date:	Department ID#: 3320211 Contract Number:		
Contract Start Date:		ntract End Date:	100
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1171.00	3	31,200	3,484,968
Total this page Grand Total		-	2494 9L8
Name of person who prepared this re	sport: Ma Hhe	s Hutz Phone #:	3,484,968
Preparer's Signature: Date Prepared: 9/24/18	N AT	- // to - (
(Use additional pages, if necessary)			Page of