## FORM A

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY upstate Medical U	lniv.
State Agency Department ID: 33202// Contractor Name: Dept of Medicine, MS6 65 NV Contract Start Date: 7 / / //8	Agency Business Unit: 5NY of Contract Number: C - S04742  Contract End Date: 6 13-13-23

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1671,00	:05	Sio	86, 980
			272
	+		
Total this Page			
Grand Total	.05	500	86,980

		00,180
Name of person who prepared this re Title: Chief Admin is trated Preparer's Signature: Date Prepared: 5 //4/ 19	Phone #:	315-464-8282