<b>F</b> 1			**
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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	ty Department ID#: 3320211
Contractor Name: Dept of Medicine -MS	Contract Number: C-Soy 764
Contract Start Date: 12/1/18	Contract End Date: 11 30 33

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
79-106),00	1	10,400	1,101,325
Total this page			
Grand Total			1,101,325

Name of person who prepared this report:	stut was
Title: Chief Administrator	Phone #: 315 464 -8282
Preparer's Signature:	
Date Prepared: 11 28 19	
(Use additional pages, if necessary)	Page of