OSC	Use	Only

Reporting Code:

Category Code:

Date Contract Approved:

Form A

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name:	SUNY Upstate Medical Univer	rsity Agency Code:	28110
Contractor Name: Contract Start Date	Pediatric Service Group,	LLP Contract Number: Contract End Date:	C-504878

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1065.00	1	3640	\$:462,635
×			
	s 1		*
Total This Page	1	3640	\$ 462, 635
Grand Total	1	3640	\$ 462, 635

Name of per	son who prepared this report:	Leo Sawyer		
Title:	Practice Administrator	Phone #:	315-464-5450	
Preparer's Si	ignature OT FOUND	2	*! 	
Date Prepare	ed: 7/8/19	_		
(Use addition	nal pages if necessary)		Page 1 of	1