

**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 University  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: 28110  
 Contractor Name: Psychiatry Faculty Practice, Inc Contract Number: C-504402  
 Contract Start Date: 06/01/2018 Contract End Date: 05/31/21

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
19-3031.02 Clinical Psychologist	1.00	6,240.00	\$508,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	6,240.00	\$508,500.00
<b>Grand Total</b>	<b>1.00</b>	<b>6,240.00</b>	<b>\$508,500.00</b>

Name of person who prepared this report: Alice Miranda

Title: Practice Manager

Phone #: 315-464-3119

Preparer's Signature: *Alice Miranda*

Date Prepared: 12/13/2019