

ExhibitX

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Aooroved:

FORMA

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contractor Name: <u>Syracuse Interpreter Circle INC</u>	Contract Number: <u>C5 05448</u>
Contract Start Date: <u>2/01/2021</u>	Contract End Date: <u>01/31/2026</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Customer Services/Dispatcher 43-4051.00	1.00	40	1,000 \$0.00
Quality Assurance Manager 19-4099.01	1.00	20.00	540 \$0.00
Finance and Operations Manager 11-3031.02	1.00	20.00	592 \$0.00
<i>Interpreters</i> 27-3091.00	<i>31</i> 0.00	<i>7690</i> 0.00	<i>369,120</i> \$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	3.00	80.00	\$0.00
Grand Total	<i>34</i> 3.00	<i>7770</i> 80.00	<i>371,252.00</i> \$0.00

Name of person who prepared this report: Hamadi Mukoma

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Preparer's Signature: *Hamadi* (315) 420 6206

Date Prepared: 9/22/2020