Exhibit X

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 University	Agency Code:	28110
Contractor Name: Contract Start Date	niversity OBIGYN	Contract Number: 6/2 Contract End Date: 6/2	St. Commission of Commission o

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1064.00 OB/BYIN Physran	IS	60,400	*
& Rimbusem		ed in po	t.ent
Total This Page	15	60,400	\$1,193,900
Grand Total	15	(D,400) ×	#1153500

Name of person who prepared this report Barbara Sas ask	
Title: Sen. Or Contracts Admin Phone #: 3,5-464-468)	
Preparer's Signature Barbara 9. 360006	
Date Prepared:	