

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 Number: _____
 Contract Start Date: _____ Contract End Date: _____

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Surgical Pathology Physician Services</i>	<i>1 FTE</i>	<i>2040</i>	<i>\$ 446,174</i>
Total This Page			
Grand Total	<i>1.0</i>	<i>2040</i>	<i>\$ 446,174</i>

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