

EXHIBIT X

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 Univ.*
 State Agency Department ID: *3320211* Agency Business Unit: *28110*
 Contractor Name: *CHG Medical Staffing, Inc.* Contract Number: *C-504259*
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Licensed Practical Nurse</i>	<i>3</i>	<i>13,228</i>	<i>\$666,666</i>
<i>Registered Nurse</i>	<i>3</i>	<i>8,230</i>	<i>\$666,666</i>
<i>Operating Room Tech</i>	<i>3</i>	<i>12,771</i>	<i>\$666,666</i>
<i>Occupational Therapist</i>	<i>3</i>	<i>9,058</i>	<i>\$666,667</i>
<i>Occupational Therapy Assistant</i>	<i>3</i>	<i>10,482</i>	<i>\$666,667</i>
<i>Physical Therapist</i>	<i>3</i>	<i>9,058</i>	<i>\$666,667</i>
<i>Physical Therapy Assistant</i>	<i>3</i>	<i>10,482</i>	<i>\$666,667</i>
<i>Respiratory Therapist</i>	<i>3</i>	<i>10,582</i>	<i>\$666,667</i>
<i>Speech Language Pathologist</i>	<i>3</i>	<i>9,058</i>	<i>\$666,667</i>
Total this Page	<i>27</i>	<i>92,949</i>	<i>\$6,000,000</i>
Grand Total	<i>27</i>	<i>92,949</i>	<i>\$6,000,000</i>

Name of person who prepared this report: *William Shepard*
 Title: *Contracts Administrator* Phone #: *315.464.4680*
 Preparer's Signature: *[Signature]*
 Date Prepared: *2/15/17*