T			77
HV	h1	hit	·V
Lin	111	ν	7

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

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

State Agency Name: SUNY Upstate Contractor Name: Programmed of N			ode <u>: 28110</u> Number: C - S64 <u>53</u> S -	
Contract Start Date:		Contract End Date: 7/36/33 X-504 93		
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1047.00	2.75	78650	4,008,600
43-6014,00	136	3120	115 378
alle se			
The state of the s			
Total this page			
Grand Total			4,133,935

Name of person who prepared this report: MaHh	ew Hutz
Title: Chief Administrator	Phone #: 315-464-8282
Preparer's Signature:	
Date Prepared: 3/37/30	
(Use additional nages if necessary)	Page of