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 Medial Un	îV
State Agency Department ID: 332 02//	Agency Business Unit: 5/1907
Contractor Name: University Surgical ASSOC., LLP	Contract Number: CX-50 469 9
Contract Start Date: 1/1/8	Contract End Date: 1/5/ 2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Nurse Practitioner Physicians Assistant	(1,942	\$176,455
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Total this Page		1,942	\$176,455
Grand Total	1	1,942	\$176,455

Name of person who prepared this report: William Shepan	nl
Title: Contracts Administrator Preparer's Signature: 4/1/2015	Phone #: 315-464-4680
Preparer's Signature:	
Date Prepared: / 1712020	p.