|           |    |                 | T 7 |
|-----------|----|-----------------|-----|
| HV        | h1 | hit.            | Y   |
| $-\Delta$ | ш  | . <i>)</i> [ [. | /\  |

OSC Use Only
Reporting Code:
Category Code:
Date Contract Approved:

| $\mathbf{F}$ | orm | Δ |
|--------------|-----|---|
|              |     |   |

State Consultant Services – Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

| From C              | ontract State Date Through th   | e End of the Co    | ntract Term | S* 20       |
|---------------------|---------------------------------|--------------------|-------------|-------------|
| State Agency Name:  | SUNY Upstate Medical University | Agency Code:       | 28110       |             |
| Contractor Name: )  | reportment of Medicing          | Contract Number:   | C-504914    | + x-504 914 |
| Contract Start Date | 81/19                           | Contract End Date: | 7/31/24     |             |

| Employment Category/Description | Number of<br>Employees | Number of hours<br>to be worked | Amount Payable<br>Under the Contract |
|---------------------------------|------------------------|---------------------------------|--------------------------------------|
| 29-1063.06                      | , 35                   | 3,640                           | 467,075                              |
|                                 |                        |                                 |                                      |
|                                 |                        |                                 |                                      |
|                                 |                        |                                 |                                      |
|                                 |                        |                                 |                                      |
|                                 |                        |                                 |                                      |
|                                 |                        | -                               |                                      |
|                                 |                        |                                 |                                      |
|                                 |                        |                                 |                                      |
| Total This Page                 |                        |                                 |                                      |
| Grand Total                     |                        |                                 |                                      |

| Name of person who prepared this report                             | Mathews Hotz |             |
|---|--------------|-------------|
| Name of person who prepared this report  Fitle: Chief Administrator | Phone #:     | 315464-8282 |
| Preparer's Signature  |              |             |
| Date Prepared: 8/4/30   |              |             |