Exhibit X		OSC Use Only:	
		Reporting Code:	
		Category Code:	
		Date Contract Approv	ed:
FORM A		Date Contract Approv	cu.
State Consultan	t Services - Contract	or's Planned Employme	nt
		End Of The Contract T	
Trom Contract Sta	art Date Tinough The	End of the contract I	em
State Agency Name: SUNY Upstate Contractor Name: Department of	Medical University	Agency C	ode: 28110
Contractor Name: Department of	Medrine-MSG	Contract 1	Number: (-505003
Contract Start Date: 499/19	Con	Contract I	108/34
	Number of	Number of hours to	Amount Payable
Employment Category	Employees	be worked	Under the Contract
29. 1063.00	075	780	171,185
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			4
3.7			
			40
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			•
Total this page			

Title: Chief Ad ministrator

Phone #: 315-464-8282

Preparer's Signature:

Date Prepared: 113/36

(Use additional pages, if necessary)

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