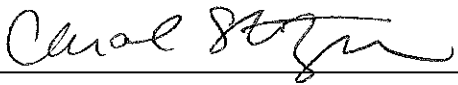


**FORM A**

|   |
|---|
| New York State Consultant Services<br><b>Contractor's Planned Employment</b><br>From Contract Start Date Through the End of the Contract Term |
|---|

|  |  |
|--|--|
| State Agency Name: SUNY Upstate Medical University<br>State Agency Department ID: 3320211<br>Contractor Name: Sunbelt Staffing, LLC<br>Contract Start Date:    /    / OSC Approval | Agency Business Unit: SNY01<br>Contract Number: s_1347_429<br>Contract End Date: 4/30/22 |
|--|--|

| Employment Category                                 | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| Surgical/OR Tech <sup>29-2055.00</sup>              | TBD 16              | TBD 2886                     | TBD \$200,000                     |
| Sonographer / Ultrasound Tech <sup>29-2032.00</sup> | TBD 11              | TBD 1029                     | TBD \$100,000                     |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
|   | 0.00                | 0.00                         | \$0.00                            |
| <b>Total this Page</b>                              | 0.00                | 0.00                         | \$ 0.00                           |
| <b>Grand Total</b>                                  |                     |                              | \$300,000                         |

Name of person who prepared this report: Carol Sitzmann  
 Title: Division Director  
 Preparer's Signature:   
 Date Prepared: 3/26/2021  
 (Use additional pages, if necessary)

Phone #: 813-471-0165  
 Page 1 of 1

Available on-line at:  
<http://www.osc.state.ny.us/agencies/forms/> use AC 3271 S for Form A  
 and AC3272 S for Form B