Exhibit X		OSC Use Only:	
		Reporting Code: Category Code: Date Contract Approved:	
FORM A			
State Consultar	nt Services - Contract	or's Planned Employme	nt
From Contract St.	art Date Through The	End Of The Contract T	erm .
State Agency Name: SUNY Upstate Contractor Name: Ophthal mology Contract Start Date: 7/1/21	medical sonce	Agency C May To Contract 1 Agency C	ode <u>: 28110</u> Number: <u>C-505</u> 73 0/26
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
medical director	/	3,120	\$684,490
Total this page			

Name of person who prepared this report: <u>Diedre Boo3es</u>	
Title: Business Administry to	Phone #: 315-464-8129
Preparer's Signature: Deadle Bosse	, , ,
Date Prepared:	
(Use additional pages, if necessary)	Page of

Grand Total