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

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

| State Agency Name:                         | SUNY Upstate Medical University       | Agency Code:                           | 28110   |
|--------------------------------------------|---------------------------------------|----------------------------------------|---------|
| Contractor Name: Upst. Contract Start Date | ate Medical Anesthesiology Group, Inc | Contract Number:<br>Contract End Date: | -507071 |
| 7/1                                        | /2024                                 | 6/30/2                                 | 2027    |

| <b>Employment Category/Description</b> | Number of<br>Employees | Number of hours<br>to be worked | Amount Payable<br>Under the Contract |
|----------------------------------------|------------------------|---------------------------------|--------------------------------------|
| 29-1211.00                             |                        | 11,388/yr.                      | \$2,357,316                          |
|                                        |                        |                                 |                                      |
|                                        |                        |                                 |                                      |
|                                        |                        |                                 |                                      |
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|                                        |                        |                                 |                                      |
|                                        |                        |                                 |                                      |
|                                        |                        |                                 |                                      |
|                                        |                        |                                 |                                      |
| <b>Total This Page</b>                 |                        |                                 |                                      |
| Grand Total                            |                        |                                 | \$2,357,316                          |

| Name of person who prepared this                          | report Cara Dailey   |              |  |
|-----------------------------------------------------------|----------------------|--------------|--|
| Title: Sr. Contract Administrator<br>Preparer's Signature | ALALA POINT Phone #: | 315-464-4682 |  |
| Preparer's Signature                                      | amount               |              |  |
| Date Prepared: 7/24/2024                                  | J                    |              |  |