

SNY01-CS03883-3320211

Exhibit X

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

Form A

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

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Pediatric Service Group, LLP Contract Number: _____

Contract Start Date _____ Contract End Date: _____

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1065, 00	1	4160	\$ 473,918
Total This Page	1	4160	\$ 473,918
Grand Total	1	4160	\$ 473,918

Name of person who prepared this report: Leo Sawyer

Title: Practice Administrator Phone #: 315-464-5450

Preparer's Signature 

Date Prepared: 7/8/15

(Use additional pages if necessary)

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