

Exhibit X

SNY01-C503897-3320211

OSC Use Only

Reporting Code:

Category Code: CUG

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:

Contract Number: C

Contract Start Date 11/1/15

Contract End Date: 6/30/20

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physician	1	792	\$15,787*
			* pro-rated billing
Total This Page	1	792	\$15,787
Grand Total	1	792	\$15,787

Name of person who prepared this report Barb Jasinski  
 Title: Sr. Contracts Administrator Phone #: 315-467-4680  
 Preparer's Signature Barbara J. Jasinski  
 Date Prepared: 12/4/15

Title: S. Contracts Administrator Phone #: 315-767-4680

Preparer's Signature Barbara J. Gaudin

Date Prepared: 12/4/15