Exhibit X

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

## FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

| State Agency Name: SUNY Upstate Medical U | Jniversity Agency Code: 28170-3320211 |
|---|---------------------------------------|
| Contractor Name: SHC services             | Contract Number: <u>C50.39.34</u>     |
| Contract Start Date: 10/1/15              | Contract End Date: <u>9/30/16</u>     |

| Employment Category            | Number of<br>Employees | Number of hours to be worked | Amount Payable<br>Under the Contract |
|--------------------------------|------------------------|------------------------------|--------------------------------------|
| Registered Nurses              | 5                      | 14,212                       | \$1,100,000                          |
| Operating Room Technicians     | 7                      | 22,634                       | \$(,100,000                          |
|                                |                        |                              |                                      |
| Total this page<br>Grand Total | 12<br>12               | 36,846                       | \$ 2,200,000                         |

William Shepard Phone #: 315-464-4680 Name of person who prepared this report: rat Alminis Title: Contracts Preparer's Signature: Date Prepared: \_\_\_\_ 2 15 (1

(Use additional pages, if necessary)

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