

Exhibit X

OSC Use Only:

Reporting Code:

Category Code:

CMA

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 University

Agency Code: ~~28110~~ 3320211

Contractor Name: Dominion Temps

Contract Number: C503938

Contract Start Date: 10/1/15

Contract End Date: 9/30/16

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Registered Nurses</i>	<i>2</i>	<i>388</i>	<i>\$30,000</i>
<i>Operating Room Technicians</i>	<i>2</i>	<i>617</i>	<i>\$30,000</i>
<i>LPN's</i>	<i>3</i>	<i>801</i>	<i>\$30,000</i>
<i>CNA's</i>	<i>4</i>	<i>1,531</i>	<i>\$30,000</i>
<i>Patient Safety Companions</i>	<i>5</i>	<i>1,773</i>	<i>\$30,000</i>
Total this page	<i>16</i>	<i>5,110</i>	<i>\$150,000</i>
Grand Total	<i>16</i>	<i>5,110</i>	<i>\$150,000</i>

Name of person who prepared this report:

William Shepard

Title: *Contracts Administrator*

Phone #: *315-464-4680*

Preparer's Signature:

William Shepard

Date Prepared: *11/2/15*

(Use additional pages, if necessary)

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