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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 Contractor Name: GFS Recommend	Agency Co Contract N	ode: 2811 03320211 Tumber: <u>C503949</u>	
Contract Start Date: 10/1/15	Con	Contract End Date: 9/30(16	
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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Licensed Practical Nurses	1	1,325	\$50,000
Certified Nursing Assistants	1	2,208	\$50,000
Patient Safety Companion	ı	2,424	\$50,000
Total this page	3	5,957	\$150,000
Grand Total	3	5 957	\$150,000

Name of person who prepared this report: William 50	hepard
Title: Contracts Administrator	Phone #: 315-464-4680
Preparer's Signature: WMM Sym	
Date Prepared: (1/2//5	
(Use additional pages, if necessary)	Page of