FORM A

New York State Consultant Services **Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical Univ. State Agency Department ID: 3320211 Contractor Name: UPSTATE UNIV. MEDICAL ASSOC. at SYRACUSE, INC. Contract Start Date: 3/30/20

Contract End Date: 6/30/25 Number of Number of Hours Amount Payable Under the Contract **Employment Category Employees** to be Worked 7 Medical Office Assistant \$2,290,569 76,440 5 \$1,998,847 Secretary II 54,600 85,176 \$3,401,963 Administrative Assistant I 7.8 \$481,379 10,920 Administrative Assistant II 1

Agency Business Unit: SNY01

Contract Number: C-504757

Total this Page	20.8	227,136	\$8,172,758
Grand Total	20.8	227,136	\$8,172,758

Name of person who prepared this report: William Shepard

Preparer's Signature: _____

Phone #: 315.464.4680

Date Prepared: 5/5 /20

(Use additional pages, if necessary)

Page 1 of 1