

Exhibit X

|                         |
|-------------------------|
| OSC Use Only            |
| Reporting Code:         |
| Category Code:          |
| Date Contract Approved: |


Form A

|  |
|--|
| <b>State Consultant Services – Contractor’s Planned Employment<br/>From Contract Start Date Through the End of the Contract Term</b> |
|--|

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Pediatric Service Group, LLP Contract Number: 506137  
 Contract Start Date: 3/31/2022 Contract End Date: 3/30/2025

| <b>Employment Category/Description</b> | <b>Number of Employees</b> | <b>Number of hours to be worked</b> | <b>Amount Payable Under the Contract</b> |
|--|----------------------------|-------------------------------------|--|
| 19-3039.00                             | 1                          | 3,120                               | \$610,164                                |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
|  |                            |                                     |  |
| <b>Total This Page</b>                 | 1                          | 3,120                               | \$610,164                                |
| <b>Grand Total</b>                     | 1                          | 3,120                               | \$610,164                                |

Name of person who prepared this report Farrah McMahon  
 Title: Practice Administrator Phone #: 315-464-5450  
 Preparer's Signature   
 Date Prepared: 5/27/2022