

Exhibit X

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

Contractor Name: Dept of Medicine MSG Contract Number: C1X - 506144  
 Contract Start Date: 5/1/22 Contract End Date: 4/1/23

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1229.03</u>	<u>27</u>	<u>56,160</u>	<u>10,036,756</u>
<b>Total This Page</b>			
<b>Grand Total</b>			<u>10,036,756</u>

Name of person who prepared this report  
 Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Preparer’s Signature: *[Signature]*  
 Date Prepared: 3/7/23