

Exhibit X

OSC Use Only
Reporting Code:
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 University Agency Code: 28110

Contractor Name: Psychiatry Faculty Practice, Inc Contract Number: CLX-506379

Contract Start Date: 10/1/22 Contract End Date: 11/30/25

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>Psychiatry Nurse Practitioner</u> <u>29-1171-00</u>	<u>.4 FTE</u>	<u>2496</u>	<u>\$ 432,519</u>
Total This Page	<u>.4 FTE</u>	<u>2496</u>	<u>\$ 432,519</u>
Grand Total	<u>.4 FTE</u>	<u>2496</u>	<u>\$ 432,519</u>

Name of person who prepared this report: Alice Miranda
 Title: Practice Manager Phone #: 315-464-3119
 Preparer’s Signature: Alice Miranda
 Date Prepared: 4/11/23