Please Check State Agency: OMH OPWDD OASAS	NEW YORK STATE SA-111 SUPPLEMENTAL SCHEDULES For the Period: July 1, 2015 to June 30, 2016	Schedule 8C (CI PERSONAL SERVICES	FR-4 <u>)</u>							
SED			Page							
AGENCY NAME:	FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.									
AGENCY CODE:										
SCHOOL CODE: (SED ONLY)										
Provide all applicable information. Refer to Appendix D for Position Title Codes and I Indicate the applicable staffing category on the line below to which each page applies		he number of hours in the "other" column.								

	all applicable information. the applicable staffing cat							. Indicate t	ne stan	dard work wee	ek or prov	ide the r	number of hou	rs in the	"otner" (column.			
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PROGR	ACMO'S LINEAPROMORBAN AD	MIN.	LGU ADN	IIN. (Positio	Title Co	des 100)-599 and 700	9 series)										
	PROGRAM CODE** (PR	ROGR	AM CODE	E INDEX))))))
	PROGRAM/SITE IDENT	TIFIC A	UN NOITA	MBER**			((((
	PROGRAM/SITE NAME																		(
	PROGRAM/SITE ADDR	ESS ((Line One)															
	PROGRAM/SITE ADDR	ESS ((Line Two)															
Position	COUNTY CODE																		
Title Code Appendix		9	tandard		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
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ı otal "Ho	ours Paid", "FTE" and "Am	nount	Paid" for F	ositions.											ĺ			1 1	i

*Report Agency Administration in one column on a separate page.

** For OASAS, program code = service level and program/site = PRU level.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration, & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration).

Note: FTE's do not get transferred.

26-Sep-16

Rev.