Please Check State Agency:
☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE

SA-111 SUPPLEMENTAL SCHEDULES
For the Period: July 1, 2008 to June 30, 2009

Schedule 8C (CFR-4)
PERSONAL SERVICES

AGENCY NAME:_____
AGENCY CODE:_____
SCHOOL CODE: (SED ONLY) _ _ _ _ _ _ _ _ _ _ _ _ _ _

REPORT FTE'S TO 3 DECIMAL PLACES.
USE WHOLE DOLLARS.
USE WHOLE HOURS.

Provide all applicable information. Refer to Appendix D for Position Title Codes and Definitions. Check the standard work week or provide the number of hours in the "other" column.
Check the staffing category following the description on the line below to which each page applies:
PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series) ____ AGENCY ADMINISTRATION (Position Title Codes 600-699 series) ____*

	COLUMN NUMBER																						
	PROGRAM CODE (PROGRAM CODE INDEX)**						( )			( )			( )			( )			( )				
	PROGRAM/SITE IDENTIFICATION NUMBER**																						
	PROGRAM/SITE NAME																						
	PROGRAM/SITE ADDRESS (Line One)																						
	PROGRAM/SITE ADDRESS (Line Two)																						
	COUNTY CODE																						
Position Title Code Appendix D	**Position Title**	**Standard Work Week**				**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**			
		35	**37.5**	**40**	**Other**																		
Total "FTE" and "Amount Paid" for Positions.																							

***Report Agency Administration in one column on a separate page.**
**** For OASAS, program code = service level and program/site = PRU level.**
Transfer totals to Schedule 8A (CFR-1) Line 16 (Program/Site & Program Administration) , or Schedule 8B (CFR-3) Line 1 (Agency Administration).
Note: FTE's do not get transferred. Keep program columns consistent throughout the SA-111 Supplemental Schedules.