

Funding State Agency:  
 OMH  SED  
 OPWDD  
 OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
 For the Period: January 1, 2014 to December 31, 2014

**SCHEDULE CFR-4**  
**PERSONAL**  
**SERVICES**

Page \_\_\_\_\_

AGENCY NAME: _____	<b>FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.</b>
AGENCY CODE: _____	
SCHOOL CODE: (SED ONLY) _____	

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column.  
 Indicate the applicable staffing category 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) \_\_\_\_\_\***

Position Title Code Appendix R	COLUMN NUMBER					PROGRAM/SITE IDENTIFICATION NUMBER **															
	PROGRAM CODE ** (PROGRAM CODE INDEX)					PROGRAM/SITE NAME				PROGRAM/SITE ADDRESS (Line One)				PROGRAM/SITE ADDRESS (Line Two)				COUNTY CODE			
	( )					( )				( )				( )				( )			
	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 "Hours Paid", "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.  
 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.