Funding State Agency:

NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2015 to December 31, 2015

SCHEDULE CFR-4
PERSONAL
SERVICES

| OMH | |
|-------|--|
| OPWDD | |
| OASAS | |

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 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) **COLUMN NUMBER** PROGRAM CODE ** (PROGRAM CODE INDEX) PROGRAM/SITE IDENTIFICATION NUMBER ** PROGRAM/SITE NAME PROGRAM/SITE ADDRESS (Line One) Position PROGRAM/SITE ADDRESS (Line Two) Title Code **COUNTY CODE** Appendix Standard Hours Amount Hours Amount Hours Hours Amount Hours Amount Amount **Position Title** Work Week Paid FTE Paid FTE Paid Paid FTE Paid FTE Paid FTE Paid Paid Paid Paid 35 37.5 40 Other

Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration), or Schedule CFR-3 Line 1 (Agency Administration). Note: FTE's do not get transferred.

CFR-4

Rev. Nov. 2015

Report Agency Administration in one column on a separate page.

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