Funding State Agency: □ ŎMH □ SED

□ OPWDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2016 to December 31, 2016

SCHEDULE CFR-4 PERSONAL SERVICES

RGENCY CODE: GROUND 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 ADMINIA/LGU ADMINIA (Cost Indicate the standard work week or provide the number of hours in the "other" column. AGENCY ADMINISTRATION (Position Title Codes 600-699 series) *** **COLUMN NUMBER** PROGRAM/SITE PROGRAM CODE: "(PROGRAM CODE INDEX) ()) ()) ()) ()) ()) **PROGRAM/SITE IDENTIFICATION NUMBER** PROGRAM/SITE ADDRESS (Line One) PROGRAM/SITE ADDRESS (Line Two) COUNTY CODE **Standard** Position Title **Standard** **Position Title **Standard** **Position Title **Standard** **Position Title **Standard** **Position Title **Position Title **Position Title **Position Title **Position Title **Position Title Amount Hours Amount Hours Paid FTE Paid Paid FT
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otal "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.

CFR-4 Nov. 2016

Rev.