Funding State Agency:

□ OMH □ SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2013 to December 31, 2013

SCHEDULE CFR-4 PERSONAL SERVICES

																				Page		
AGENCY NAME:										FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.												
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 IDENTI																					
	PROGRAM/SITE NAME																					
Position	PROGRAM/SITE ADDRE																					
Title Code	PROGRAM/SITE ADDRESS (Line Two)																					
Appendix	COUNTY CODE	1	0100	ماحسما		Harma		A	Harma	1	A			A			A			American		
R	Position Title		Standard Work Week 35 37.5 40 Other			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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Total "Hour	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.

CFR-4

Nov. 2013

Rev.