Funding State Agency:

□ OMH □ SED

## NEW YORK STATE

## CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2009 to June 30, 2010

## SCHEDULE CFR-4 PERSONAL SERVICES

Page

AGENCY I AGENCY ( SCHOOL (	CODE:					FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.														
Indicate the	applicable information. Refe e applicable staffing category RAM/SITE-PROGRAM ADM	y on i	the lin	ie bel	ow to whi	ch each p	age app	olies.									er" column. odes 600-699	9 series)	*	
	COLUMN NUMBER																			
	PROGRAM CODE ** (PROGRAM CODE INDEX)					( )			( )			()			( )			( )		
	PROGRAM/SITE IDENTIFICATION NUMBER **																			
	PROGRAM/SITE NAME																			
Position	PROGRAM/SITE ADDRE																			
Title Code	PROGRAM/SITE ADDRESS (Line Two)																			
Appendix	COUNTY CODE																			
R	Position Title				k	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
																			ļ	
			┿──	_															<u> </u>	
			+																	+
			+																	1
			$\perp$	_															<u> </u>	
		_	—	-																
			+	_																
			+																	+
																				<u> </u>
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.																			L	

\* 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.

Rev.