Funding State Agency:

□ OMH □ SED

## **NEW YORK STATE** CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2012 to June 30, 2013

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

																				Page		
AGENCY NAME:AGENCY CODE:										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 IDENTIFICATION NUMBER **																					
	PROGRAM/SITE NAME																					
Position	PROGRAM/SITE ADDRE																					
Title Code	PROGRAM/SITE ADDRE																					
Appendix	COUNTY CODE							A			A			A			A			A		
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			
		35	37.5	40	Other																	
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Total "Hour	s Paid", "FTE" and "Amount	Paid	d" for l	Positi	ons.																	
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.

Rev.

CFR-4 May 2013