Please Check State Agency: ☐ OMH ☐ SED ☐ OMRDD ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2005 to June 30, 2006

SCHEDULE CFR-4
PERSONAL
SERVICES

																				Page	
AGENCY NAME: AGENCY CODE: SCHOOL CODE: (SED ONLY)									REPORT FTE'S TO 3 DECIMAL PLACES. USE WHOLE DOLLARS. USE WHOLE HOURS.												
Provide all Check the	applicable information. Reference staffing category following RAM/SITE-PROGRAM ADM	er to A	Appen descr	dix R	for Posit	ion Title C	Codes ar	nich each pa	ge appli	es:				number of h				eries)	*		
	COLUMN NUMBER					<u> </u>															
	PROGRAM CODE ** (PROGRAM CODE INDEX)				()			()			()			()			()				
	PROGRAM/SITE IDENTIFICATION NUMBER **																				
	PROGRAM/SITE NAME																				
Position	PROGRAM/SITE ADDRE	SS (L	_ine O	ne)																	
Title Code	PROGRAM/SITE ADDRE	SS (L	_ine T	wo)																	
Appendix	COUNTY CODE												_								
R	Position Title	٧	Standard Work Week		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	<u> </u>															
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Total "Hou	rs Paid" "FTF" and "Amoun	าทร																			

Transfer totals 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. Keep program columns consistent throughout the CFR document.

^{*} Report Agency Administration in one column on a separate page.

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