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

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2007 to June 30, 2008

SCHEDULE CFR-4
PERSONAL
SERVICES

																			Page			
AGENCY NAME: AGENCY CODE:									REPORT FTE'S TO 3 DECIMAL PLACES. USE WHOLE DOLLARS.													
SCHOOL CODE: (SED ONLY)								USE WHOLE HOURS.														
Check the	I applicable information. Re e staffing category followin RAM/SITE-PROGRAM ADI	ng the des	cripti	on on the	line belo	ow to w	hich each pa	age appli	es:		·		number of h				9 series)	*				
	COLUMN NUMBER																					
	PROGRAM CODE ** (PROGRAM CODE INDEX)						()			()			()			()			()			
	PROGRAM/SITE IDENTIFICATION NUMBER **																					
	PROGRAM/SITE NAME																					
Position	PROGRAM/SITE ADDR	ESS (Line	One)																			
Title Code	PROGRAM/SITE ADDR	ESS (Line	Two)																			
Appendix R	COUNTY CODE																					
	Position Title 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	37.5 40 Other					<u> </u>						↓	<u> </u>			 				
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Total "Hou	irs Paid" "FTF" and "Amour														1	1						

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.