Funding State Agency:

□ OMH □ SED

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2011 to June 30, 2012

SCHEDULE CFR-4 PERSONAL SERVICES

																				Page	
						FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.															
	CODE: (SED ONLY)																				
Provide all	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																				
R	Position Title	ion Title 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	
	Position Title	35 37.5 40 Other		Falu	L L E	Faiu	Falu		Faiu	Faiu	- F 1 E	Faiu	Faiu	FIE	Falu	Faiu	FIE	Faiu			
									 												
Total "Hour	s Paid", "FTE" and "Amount	Paid	for F	ositi	ons.																

* 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.