Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OMRDD
- ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE CFR-4
PERSONAL SERVICES

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

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) ____***

Position Title Code Appendix R	COLUMN NUMBER																		
	PROGRAM CODE ** (PROGRAM CODE INDEX)					( )			( )			( )			( )			( )	
	PROGRAM/SITE IDENTIFICATION NUMBER **																		
	PROGRAM/SITE NAME																		
	PROGRAM/SITE ADDRESS (Line One)																		
	PROGRAM/SITE ADDRESS (Line Two)																		
	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	40	Other														
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.