Funding State Agency:

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OMH
OPWDD
OASAS
SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2017 to June 30, 2018

SCHEDULE CFR-4
PERSONAL SERVICES

Page _____

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.

AGENCY ADMINISTRATION (Position Title Codes 600-699 series) ____*

PROGRAM/SITE PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 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 35 37½ 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
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.