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

NEW YORK STATE

SA-111 SUPPLEMENTAL SCHEDULES
For the Period: July 1, 2014 to June 30, 2015

Schedule 8C (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 D 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																					
	PROGRAM/SITE ADDRESS (Line One)																					
	PROGRAM/SITE ADDRESS (Line Two)																					
	COUNTY CODE																					
Position Title Code Appendix D	**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.