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## OASAS

## **NEW YORK STATE** SA-111 SUPPLEMENTAL SCHEDULES For the Period: July 1, 2016 to June 30, 2017

Schedule 8C (CFR-4) PERSONAL SERVICES

FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.

Page

AGENCY NAME:
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AGENCY CODE:

SCHOOL CODE: (SED ONLY)

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 t	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** (PRO	M COE	DE IN	DEX)			()	( )			( )			( )			( )			
	PROGRAM/SITE IDENTIFI	ION N	UMBI	ER**																
	PROGRAM/SITE NAME																			
	PROGRAM/SITE ADDRESS (Line One)																			
	PROGRAM/SITE ADDRES																			
Position	COUNTY CODE																			
Title Code			Stand			Hours		Amount												
Appendix	Position Title		Work Week			Paid	FTE	Paid												
D		35	37.5	40	Other															
																	_			
																				<u></u>
Total "Ho	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.

CFR-4 27-Jul-17

Rev.