Funding State Agency:

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□ OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2015 to June 30, 2016

SCHEDULE CFR-4 PERSONAL SERVICES

Page

AGENCY NAME:AGENCY CODE:									FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.												
	CODE: (SED ONLY)																				
Provide all Indicate the	applicable information. Re e applicable staffing catego RAM/SITE-PROGRAM AD	fer to App ry on the l	endix ine be	R for Posi low to whi	tion Title ch each p	Codes a bage app	olies.						ne number of				9 series)	*			
	COLUMN NUMBER																				
	PROGRAM CODE ** (PROGRAM CODE INDEX)				()			()			()			()					()		
	PROGRAM/SITE IDENT	IFICATIO	N NUN	/IBER **																	
	PROGRAM/SITE NAME																				
Position	PROGRAM/SITE ADDRESS (Line One)																				
Title Code	PROGRAM/SITE ADDRESS (Line Two)																				
Appendix	COUNTY CODE																				
R	Position Title	Wor	Standard Work Week			FTE	Amount FTE 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														 			
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Total "Hou	rs Paid" "ETE" and "Amour	nt Paid" fo	r Posit	ione														<u> </u>			

* 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 May 2016

Rev.