## Funding State Agency: OMH SED OPWDD DOH OASAS OCES

## **NEW YORK STATE**

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2019 to December 31, 2019 SCHEDULE CFR-4
PERSONAL
SERVICES

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AGENCY I						FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.														
AGENCY (																				
SCHOOL (	CODE: (SED ONLY) _						_													
	applicable information.								itions. In	dicate tl	he standard	work wee	k or pro	vide the num	ber of ho	urs in the	e "other" colu	ımn.		
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)*														*						
1 KOO	COLUMN NUMBER						itie oou	es 100-333 (	and 700-1	33 3611	<del></del>	ACERTS : ADMINISTRATION (1 COLLOR TIME COMES					tie Codes of	0-033 30		
	PROGRAM CODE ** (PROGRAM CODE I					IDEX) ( )			( )			( )			( )					( )
	PROGRAM/SITE IDENTIFICATION NUMB					ER **		, ,						, ,			, ,			, ,
	PROGRAM/SITE NAME																			
Position	PROGRAM/SITE	e One)																		
Title Code	PROGRAM/SITE	PROGRAM/SITE ADDRESS (Line Two)																		
Appendix	COUNTY CODE																			
R	Position Title	١,	Stan Work			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
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Total "Hou	rs Paid", "FTE" and "Amo	ount	Paid"	for P	ositions.															

Totals are transferred to Schedule CFR-1 Line 16 (Program/Site, Program Administration & LGU Administration), or Schedule CFR-3 Line 1 (Agency Administration). Note: FTEs do not get transferred.

CFR-4 Jan. 2020

Rev.

<sup>\*</sup> Report Agency Administration in one column on a separate page.

<sup>\*\*</sup> For OASAS, program code = service level and program/site = PRU level.