

☐ OMH      ☐ SED  
☐ OPWDD  
☐ OASAS

**SCHEDULE CFR-4**  
**PERSONAL**  
**SERVICES**

**FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.**

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: (SED ONLY) \_\_\_\_\_

**PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599 and 700-799 series)** \_\_\_\_\_ **AGENCY ADMINISTRATION (Position Title Codes 600-699 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			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															

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