Funding State Agency: □ омн □ SED

□ OPWDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2016 to June 30, 2017 **SCHEDULE CFR-4 PERSONAL** SERVICES

□ OAS	SAS																			 Page		
AGENCY NAME: AGENCY CODE: SCHOOL CODE: (SED ONLY)										FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.												
Provide all Indicate the	applicable information. Refe e applicable staffing category RAM/SITE-PROGRAM ADM	er to on t	Apper the line	ndix F e bel	R for Posit	ion Title (ch each p	age app	lies.						ne number of				eseries)	*			
	COLUMN NUMBER PROGRAM CODE ** (PROGRAM CODE INDEX) PROGRAM/SITE IDENTIFICATION NUMBER **						()	()			()			()			()					
Position Title Code	PROGRAM/SITE NAME PROGRAM/SITE ADDRESS (Line One) PROGRAM/SITE ADDRESS (Line Two)																					
Appendix R	COUNTY CODE Position Title Position Title Standard Work Week 35 37.5 40 Other				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			
		33	57.5	70	Other																	

Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

** 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 July 2017

Rev.

^{*} Report Agency Administration in one column on a separate page.