Funding State Agency: ОМН □ SED OPWDD □ DOH

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2020 to June 30, 2021 **SCHEDULE CFR-4 PERSONAL** SERVICES

□ OA	SAS OCFS									· · · · · · · · · · · · · · · · · · ·		,	- · -						
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GENCY	NAME:		FTES MUST BE CALCULATED TO 3 DECIMAL PLACES.																
GENCY	CODE:																		
CHOOL	CODE: (SED ONLY)																		
	applicable information.							nitions. Ir	ndicate t	he standard v	vork wee	k or pro	vide the num	ber of hou	ırs in th	e "other" colu	ımn.		
	e applicable staffing cate RAM/SITE-PROGRAM /							and 700-	799 seri	es)	AGE	ENCY A	DMINISTRAT	ION (Pos	sition Ti	itle Codes 6	00-699 se	eries)	*
	COLUMN NUMBER															,			
	PROGRAM CODE	IDEX) ()			()			()			()			()					
	PROGRAM/SITE	ER **			-														
	PROGRAM/SITE NAME																		
Position	PROGRAM/SITE																		
Title Code	PROGRAM/SITE ADDRESS (Line Two)																		
Appendix	COUNTY CODE																		
R	Standard Work Wook				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
	Position Title Work Week 35 37.5 40 Other			Paid	FIE	Paid	Paid	FIE	Pald	Paid	FIE	Paid	Paid	FIE	Paid	Paid	FIE	Pald	
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Total "Hours Paid", "FTE" and "Amount Paid" for Positions.

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 July 2021

Rev.

^{*} Report Agency Administration in one column on a separate page.
** For OASAS, program code = service level and program/site = PRU level.