Funding State Agency:

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OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2020 to December 31, 2020

SCHEDULE CFR-4 PERSONAL SERVICES

																				Page
								FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.												
Indicate th	CODE: (SED ONLY) applicable information. e applicable staffing cate RAM/SITE-PROGRAM	egory	y on th	ne line	e below to	which ea	ach page	e applies.						vide the num					eries)	*
	COLUMN NUMBE	R																		
	PROGRAM CODE	E ** (PROG	GRAN	I CODE I	NDEX)		()			()			()			()			()
	PROGRAM/SITE	IDEN	NTIFIC	ATIC		ER **														
	PROGRAM/SITE	NAN	1E																	
Position	PROGRAM/SITE	ADD	RESS) (Lin	e One)															
Title Code	PROGRAM/SITE	PROGRAM/SITE ADDRESS (Line Two)																		
Appendix	COUNTY CODE																			
R	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	40	Other															
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Total "Hou	irs Paid", "FTE" and "Am	ount	Paid"	tor P	ositions.															

* 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: FTEs do not get transferred. Rev.

CFR-4 Dec. 2020