

- Funding State Agency:
- OMH SED
 - OPWDD DOH
 - OASAS OCFS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2019 to June 30, 2020

SCHEDULE CFR-4
PERSONAL
SERVICES

AGENCY NAME: _____ AGENCY CODE: _____ SCHOOL CODE: (SED ONLY) _____	FTE'S MUST BE CALCULATED TO 3 DECIMAL PLACES.
---	--

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Indicate the standard work week or provide the number of hours in the "other" column. 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) _____*					
Position Title Code Appendix R	COLUMN NUMBER					Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid				
	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																
					35	37.5	40	Other													
Total "Hours Paid", "FTE" and "Amount Paid" for Positions.																					

* 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.