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## **NEW YORK STATE**

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2000 to December 31, 2000

SCHEDULE CFR-4
PERSONAL
SERVICES

																				Page
AGENCY NAME:  AGENCY CODE:  SCHOOL CODE: (SED ONLY)								REPORT FTE'S TO 2 DECIMAL PLACES. USE WHOLE DOLLARS. USE WHOLE HOURS.												
Provide all	applicable information. Restaffing category following RAM/SITE-PROGRAM AD	efer t	o App <b>he de</b>	endix scrip	R for Potion on	osition Tit	tle Codes	which each	page app	olies:		-		e number of h				series) _	*	
Position	COLUMN NUM	BER																		
Title Code	PROGRAM CO	DDE																		
Appendix	PROGRAM/SITE IDENTII	FICA	TION	NUN	IBER															
R Position Title W		Standard Work Week		Hours Paid FTE	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid		
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Total "FTE" and "Amount Paid" for Positions.

Transfer totals 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. Keep program columns consistent throughout the CFR document.

CFR-4 Rev. 01-Sep-00

<sup>\*</sup>Report Agency Administration in one column on a separate page.