

\_\_\_\_\_ OMH                      \_\_\_\_\_ SED  
\_\_\_\_\_ OMRDD  
\_\_\_\_\_ OASAS

**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.
---	---

**Check the staffing category following the description 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) \_\_\_\_\_\***

[illegible]

**\*Report Agency Administration in one column on a separate page.**

**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.**