## Please Check State Agency: \_\_\_\_ OMH \_\_\_\_ SED \_\_\_ OMRDD

## **NEW YORK STATE**

CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2002 to December 31, 2002

SCHEDULE CFR-4
PERSONAL
SERVICES

UAS	AS																			Page
AGENCY	NAME:							REPORT FTE'S TO 2 DECIMAL PLACES.												
<b>AGENCY</b>	CODE:								USE WHOLE DOLLARS.											
SCHOOL	CODE: (SED ONLY) _						USE WHOLE HOURS.													
Drovido all	l applicable information. R	ofor	to Apr	andi:	v D for D	onition Ti	tla Cada	a and Definiti	one Che	alı tha atı	andord work	woolk or pr	ovida th	a number of k	ouro in th	a "athar	" ookuma			
											andard work v	week or pr	ovide tri	e number of r	iours in tr	ie otrier	column.			
Check the staffing category following the description on the line below to which ear PROGRAM/SITE-PROGRAM ADMIN./LGU ADMIN. (Position Title Codes 100-599)																				
Position							,													
Title Code	PROGRAM CO	PROGRAM CODE																		
Appendix	PROGRAM/SITE IDENTIFICATION NUMBER																			
R		Standard				Hours		Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount
	Position Title		Work Week 35   37.5   40   Other			Paid	FTE													Paid
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Total "FTE" and "Amount Paid" for Positions.

\*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.

CFR-4 Rev. 4-Sep-2002