Please Check State Agency:
_____ OMH
_____ OMRDD
_____ OASAS

NEW YORK STATE
CONSOLIDATED BUDGET REPORT
For the Period: 01/01/04 - 12/31/04

B U D G E T

SCHEDULE CBR-4
PERSONAL
SERVICES

Page _____

AGENCY NAME: _____
AGENCY CODE: _____
SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

REPORT FTE'S TO 3 DECIMAL PLACES.
USE WHOLE DOLLARS.
USE WHOLE HOURS.

B U D G E T

Provide all applicable information. Refer to Appendix R for Position Title Codes and Definitions. Check the standard work week or provide the number of hours in the "other" column.

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) __X__ AGENCY ADMINISTRATION (Position Title Codes 600-699 series) _____*

	COLUMN NUMBER																				
Position Title Code Appendix R	PROGRAM CODE ** (PROGRAM CODE INDEX)																				
	COUNTY CODE																				
	Position Title	Standard Work Week				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
		35	37.5	40	Other															
Total "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.