Please Check State Agency:	
OMH	
OMRDD	
OASAS	

AGENCY NAME: AGENCY CODE:

## **NEW YORK STATE CONSOLIDATED BUDGET REPORT**

For the Period: 07/01/05 - 06/30/06

**SCHEDULE CBR-4 PERSONAL SERVICES** 

BUDGET

DODGEI		Page
	REPORT FTE'S TO 3 DECIMAL PLACES.	
	USE WHOLE DOLLARS.	BUDGET

SCHOOL CODE: (SED ONLY)									USE WHOLE HOURS.											
Check the	applicable information. staffing category follo RAM/SITE-PROGRAM	wing	the c	descr	ription o	n the line	below to	which each	page app	olies:				e number of I				99 series)	)*	
	COLUMN NUMBER																			
Position	Position PROGRAM CODE ** (PROGRAM CODE INDEX)																			
Title Code	COUNTY CODE																			
Appendix R	Position Title	2/	Wor	anda k We		Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid		Amount Paid	Hours Paid	FTE	Amount Paid	Hours Paid	FTE	Amount Paid
		3	3 37	.5 4	io Otne	31													<del>                                     </del>	
																			<u> </u>	
																			<u> </u>	
													<u> </u>			-				
		-		-		_							-						<del> </del>	
			-																	
Total "FTE	and "Amount Paid" for	Positi	ons.																	

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

<sup>\*\*</sup> For OASAS, program code = service level and program/site = PRU level.