NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 1998 to June 30, 1999

<u>SCHEDULE CFR-4</u>
<u>PERSONAL</u>
<u>SERVICES</u>

Page _____

AGENCY NAME:_____	**REPORT FTE'S TO 2 DECIMAL PLACES.**
AGENCY CODE:_____	**USE WHOLE DOLLARS.**
SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __	**USE WHOLE HOURS.**

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

Position Title Code Appendix R		COLUMN NUMBER					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
		PROGRAM CODE																			
		PROGRAM/SITE IDENTIFICATION NUMBER																			
	Position Title	Standard Work Week																			
		35	37.5	40	Other																
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).   **CFR-4**

Note: FTE's do not get transferred. Keep program columns consistent throughout the CFR document.   **Rev.   31-Mar-99**