Please Check State Agency:
____ OMH ____ SED
____ OMRDD
____ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: July 1, 1999 to June 30, 2000

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.

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																				
	PROGRAM CODE																				
	PROGRAM/SITE IDENTIFICATION NUMBER																				
	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.**
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.