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OSF Form 47 - 2008

Budget Work Program For The Fiscal Year Ending June 30, 20__

Detail of Personnel By Department

Business Unit (agency) Name & Number: _____ **Date Filed:** _____

Department (activity & subactivity combined) Name & Number:

Job		First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Total	
Class #	Title of Position	FTE	$ Amount	FTE	$ Amount	FTE	$ Amount	FTE	$ Amount	FTE	$ Amount
	Total										