7 10 10 10 6 14 5 14 6 14 6 14 6 15

**OSF Form 47.1 - 2008**

**Budget Work Program For The Fiscal Year Ending June 30, ____**

**Detail of Exempt Personnel By Department**

**Business Unit (agency) Name & Number:**

**Date Filed:**

**Department (activity & subactivity combined) Name & Number:**

| Job Class # | Title of Position | Position No. | First Quarter | | Second Quarter | | Third Quarter | | Fourth Quarter | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | FTE | $ Amount | FTE | $ Amount | FTE | $ Amount | FTE | $ Amount | FTE | $ Amount |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |