



## Budget Request Form FY2016

*Department should complete one form for each individual request*

**Department:** Student Counseling Service

**Program, Service, or Operation Requested**

*Senior Customer Service Assistant*

SAFAB Use Only	
YES	NO

**General Description:** *To provide psychiatric support services including calling to refill prescriptions, fielding telephone calls for consultation, responding quickly to student concerns, and basic clinical support services. This position was approved by SAFAB last year, but was unable to be funded due to budget restrictions at the University level. The request includes a 6-month hiring adjustment of .58/hour which equates to roughly \$1200/annually. Because this position isn't eligible for a career ladder increase, should the final candidate make positive contributions during their first 6 months of employment, we'd like to be able to recognize them with a slight increase in salary.*

**Request Type:**     Full     Increase     One-Time     Partial/Matching

**Type of Funds Requested**     UAF     Other

**General Questions:**

***Why is this important to your department? How does this increase impact students, and what motivated this request?***

*When students are seen for an appointment with a psychiatrist or psychiatric nurse practitioner, there are often other tasks that need to be performed, including paperwork, prescription handling—both receiving requests and sending requests, faxes, telephone consults, and routine follow up with students. In order to ensure that those tasks do not take away from direct psychiatric services to our students, I am requesting that an additional associate staff member be hired to provide this service. Current Associate Staff do not have time to do this.*

**Is it part of your strategic plan? What will be the impact if it is not funded?**

*Yes, maintaining quality psychiatric care is part of our strategic plan. If this is not funded, fewer students will be able to see a psychiatrist or psychiatric nurse practitioner because they will be busy doing the above tasks instead of seeing students.*

**How do other sources of funding (fundraising, sponsorship, reserves, etc.) been considered? Please explain.**

*Because this request is for ongoing funding, I have not sought other sources of funding.*

**What sort of input did you receive (student, faculty, staff, other) to determine this need?**

*Students' need for psychiatric services has increased dramatically, with repeated requests for psychiatric services that the SCS is not always able to meet in a timely manner.*

**What actions have you implemented internally to address the identified need?**

*There is simply no Associate Staff time to deal with this need.*

**Generally, what assessment tools will you use to evaluate this program/service?**

*Staff will be assessed annually through the evaluation process as is required by current TAMU policy.*

**Funding Description:**

	Dollar Amount
<b>Total Estimated Cost</b>	
Salary	\$22,721
Benefits	\$13,792
Hiring Adjustment w/Benefits	\$1,402
<i>Less Estimated Partial/Matching Funds (if applicable)</i>	
<b>TOTAL UAF INCREASE REQUEST</b>	<b>\$37,915.00</b>

SAFAB Comments/Notes: