

SSFAB

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Budget Request Form FY 2010

To be Completed by Department for Each Individual Request

Department: Student Health Services

SSFAB Use Only	
YES	NO

Program, Service, or Operation Requested

Annual Merit & Benefits @ 3%

General Description:

Request Type:

Full Increase One Time Partial/Matching

General Questions:

How does this request impact students and what motivated this request (needs, strategic planning, etc.)?

This enables SHS to retain highly qualified staff to provide student services.

Have other sources of funding (fundraising, sponsorship, membership dues, etc) been considered? Please explain:

SHS funds 25% of its operations with Fee for Service revenues.

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

Annual employee evaluations as required by University policy. These evaluations are based in part on productivity and quality patient outcomes.

Funding Description:

	Dollar Amount
Total Estimated Cost	\$ 180,000
Less Estimated Partial/Matching Funds (if applicable)	
TOTAL SSFAB INCREASE REQUEST	\$ 180,000

SSFAB Comments/Notes:

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