

BUDGET ALLOCATION PROPOSAL

Date: <u>08/23/24</u>	Originator: <u>Amanda Simpson</u>
Program or Department Name:	<u>Public Information Office</u>
Dean/Vice President/Supervisor:	<u>Dr. Eva Bagg</u>
What are you requesting? (<i>Brief</i>)	<u>Classified Staff</u>
Amount Requested: _____	<input type="checkbox"/> One-time Funding <input checked="" type="checkbox"/> Ongoing Funding
Funding Source (if known) :	_____
REQUEST TYPE:	
<input checked="" type="checkbox"/> Personnel/Staffing <small>Complete <i>Personnel/Staffing</i> section below</small>	<input type="checkbox"/> Technology Resource <small>Complete <i>Technology</i> section below</small>
<input type="checkbox"/> Facilities Resource <small>Complete <i>Facilities</i> section below</small>	<input type="checkbox"/> OTHER

PERSONNEL/STAFFING REQUEST	
Is the position request for:	<input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential
Is the position requested:	<input type="checkbox"/> A new classification (Attach <i>proposed</i> job description, or <i>detailed</i> list of proposed duties) <input checked="" type="checkbox"/> An existing classification <i>Official Job Title:</i> _____
Is the position requested:	<input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part Time: <u>12</u> Months/Year <u>20</u> Hours/Week

TECHNOLOGY RESOURCE REQUEST	
Indicate the category of the request:	
<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Printer/Copier <input type="checkbox"/> Network <input type="checkbox"/> Audio-Visual <input type="checkbox"/> License/Maintenance	
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is training required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____
How will it be secured?	<input type="checkbox"/> Alarm <input type="checkbox"/> Secure Room <input type="checkbox"/> Secure Cabinet <input type="checkbox"/> Cable/Lock <input type="checkbox"/> Password
Have you completed and attached the Technology Assessment Form ?	

FACILITIES RESOURCE REQUEST	
Indicate the intended users:	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other
Is maintenance required?	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____

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1. Why is the request being made?

To further support the development and growth of the Public Information Office and its staff.

2. a) Where in the Program Review/Annual Update is the request supported? Include the text from the Program Review AND cite the applicable section number(s).

Noted on page 4, under Staffing, of the Program Review as the staffing for the PIO department is not sufficient to support the needs. "As the requests and responsibilities of the PIO department grow each year, a part time PIO Secretary would offset the office duties so the PIO Assistant could focus on the support of the PIO marketing and communications projects (i.e Newsletter, Capturing and Collection of Student Voices, Campaign development)."

b) Explain how the request is supported with information gathered from the assessment of outcomes (Student Learning Outcomes, Program Level Outcomes, Service Area Outcomes, or Administrative Unit Outcomes).

c) How was this included in the Area Goals section of your Program Review? Please cite section/item number and include the text.

Area Goals 1 and 2 would be most affected by the addition of the PIO Secretary.

3. If this item is approved, what departments or resources are needed, or would be affected, when implementing or developing it, on both a short-term and a long-term basis? Have they been notified? Example: [Technology Assessment Form](#)
(This question is not required for Personnel/Staffing requests.)

4. a) How will this resource improve student success or institutional services?

The addition of a PT Secretary to the PIO department will increase the productivity and response time of the requests submitted to the PIO department, which directly affect the communication and marketing to current and future students, and alumni, as it would allow the PIO Assistant the ability to work directly with the PIO on campaigns and projects. .

b) What data will you gather and analyze to demonstrate that your proposal is meeting this goal(s)?

The addition of this position would be evaluated by the number of clerical work orders submitted and the time in which they were completed by the Secretary, as well as the marketing and communication requests/campaign requests produced and completed by the PIO and PIO Assistant.

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- 5) Describe how your request is aligned with as many of the college's strategic planning documents as applicable. (If the request does not align with a document, indicate N/A.)

Please be specific and provide detail, ensuring a clear correlation between content of referenced document and the request. Cite the section and page numbers where the correlation can be found.

(Follow the links to access each document)

1. [Mission Statement](#)

The additional support to the PIO Department would allow the team as a whole to meet the growing demand of sharing the mission and vision of the College in an effective and efficient manner.

2. [Strategic Priorities / Strategic Goals](#)

Strategic Priority #4- **Achieve Sustainable Excellence in all Operations**

3. [Educational Master Plan](#)

4. Others: Such as [Technology Plan](#) , [Facilities Master Plan](#), [HR Staffing Plan](#), [Professional Development Plan](#)

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ADMINISTRATIVE USE

Administrator: _____ Title: _____

Comments/Recommendations:

Signature: _____ Date: _____

Administrator: _____ Title: _____

Comments/Recommendations:

Unit Priority Ranking: _____ of _____

BUDGET INFORMATION
*(This section **MUST** be completed)*

Budget Program Number: _____ Restricted Unrestricted

Comments regarding Budget Information: _____

Signature: _____ Date: _____