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Planning Report - 2015-2016

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**AH - Dental Hygiene**

Unit Goal	Planned Action	EMP Strategic Goal	
Continue to prepare student to enter the	Offer a Health care Core Curriculum	Obtain a 40 station Computer Lab	Purchase equ
Continue to prepare student to enter the	Offer a Dental Assistant Program to meet	Dental Assistant Program Director	Offer a Hea
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	A Bachelor of Science Degree in Dental H	Offer a Hea
Continue to prepare student to enter the	Purchase equipment to stay current with	Offer a Health care Core Curriculum	Office space f
Continue to prepare student to enter the	To have a budget for equipment repairs a	Offer a Health care Core Curriculum	Hire
Continue to prepare student to enter the	Hire a Full Time Faculty (1)	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the	Hire Full time Faculty (request for 2nd	Offer a Health care Core Curriculum	Objective 3.3
Continue to prepare student to enter the	SG 3.3 Prepare students to enter a compe	Offer a Health care Core Curriculum	Objective 3.3
Continue to prepare student to enter the	Offer a Health care Core Curriculum		
Continue to prepare student to enter the			
Continue to prepare student to enter the			
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the	Offer a 4year Bachelor Degree in Dental	Offer a Health care Core Curriculum	Objective 3.2
Continue to prepare student to enter the			

Continue to prepare student to enter the	
Continue to prepare student to enter the	
Continue to prepare student to enter the	
Continue to prepare student to enter the	
Create clear completion pathways for stu	SG 3.1: Create clear completion pathways
Create clear completion pathways for stu	SG 3.4 Enhance curriculum vitality, viab
Forge Effective alliances with local sch	SG 1.1: Improve student achievement, ove
Forge Effective alliances with local sch	SG 2.4 Enhance and maintain facilities a
Forge Effective alliances with local sch	SG 3.2 Develop & implement services to h
Forge Effective alliances with local sch	SG 3.3 Prepare students to enter a compe
Forge Effective alliances with local sch	SG 5.1 Forge effective alliances with lo
Forge Effective alliances with local sch	Objective 3.1.1 Create & promote roadmap
Forge Effective alliances with local sch	Objective 3.2.2 Enhance services to impr
Forge Effective alliances with local sch	Objective 3.3.4 Strengthen and broaden r

## Unit Goal

Continue to prepare student to enter the	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Continue to prepare student to enter the workforce.
Goal Number	1
Description of the Goal	<p>Create jobs for entry level positions with a sustainable pay rate, and, offer a Bachelor of Science degree in Dental Hygiene. This will place students in a better position to compete for jobs in dental offices, industry sales and marketing, and teaching.</p> <p>To prepare students in various areas of a dentistry to be a competent and confident employee.</p>
Goal Initiation Year (YYYY)	2015
Goal Timeline	
Goal Current Priority	1



STATUS OF THIS GOAL	
*****	
1) EVALUATION OF "IN PROGRESS" GOAL	
*****	
Estimate the % completion of this goal	
Describe the successes has the division/program/service had to date in the accomplishment of this goal.	
Describe the challenges has the division/program/service had to date in the accomplishment of this goal.	
2) EVALUATION OF "MODIFIED" GOAL	
*****	
Why was the goal modified?	
3) EVALUATION OF "COMPLETED" GOAL	
*****	
when was work on the goal completed? (year)	
Describe what was done to complete the goal.	
Evaluate the effectiveness of implementing the goal. Describe the impact on the division/program/service and on student success that completion of the goal has had.	
What would the division/program/service do differently in the future based on the evaluation of the success in implementing this goal?	
Will completion of this goal lead to developing another goal? If so, describe the new goal.	

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a Health care Core Curriculum	
Internal Link	Planned Action	Offer a Dental Assistant Program to meet	
Internal Link	Planned Action	Offer a 4year Bachelor Degree in Dental	
Internal Link	Planned Action	Purchase equipment to stay current with	
Internal Link	Planned Action	To have a budget for equipment repairs a	
Internal Link	Planned Action	Hire a Full Time Faculty (1)	
Internal Link	Planned Action	Hire Full time Faculty (request for 2nd	
Institutional Link	EMP Strategic Goal	SG 3.3 Prepare students to enter a compe	

**Planning Element Impacts**

Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 3. build on West's success in Career Technical		

Create clear completion pathways for stu	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Create clear completion pathways for students entering Health professions
Goal Number	1
Description of the Goal	Create clear pathways for students interested in health professions/ careers.
Goal Initiation Year (YYYY)	2014
Goal Timeline	Less than 1 year
Goal Current Priority	1
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	Identify how many students enroll in the Healthcare core curriculum and follow the progress/success of students completing the core curriculum and entering a program in Allied Health.
Goal Status	New
_____	
BASED ON THE REFLECTION AND ASSESSMENT	
CONDUCTED IN THE PROGRAM REVIEW SECTION	
DESCRIBE THE NEED THIS GOAL ADDRESSES	
What issues, problems, or opportunities identified in your Program Review will this Goal address?	As a consortium member of a Health professions group with the 9 sister colleges and the Chamber of Commerce Health sector, It has come to our attention that graduates of allied health programs are entering the work field with minimal soft skills.
What SLO assessment / reflection will this Goal address?	
_____	
WITH WHICH COLLEGE STRATEGIC PLAN	
GOALS DOES THIS UNIT GOAL ALIGN?	
AT LEAST ONE COLLEGE GOAL MUST BE CHOSEN	
College Goal: Access	No
College Goal: Student Learning	Yes
College Goal: Transfer	No
College Goal: Career Technical Education	Yes
College Goal: Foundation Skills Program	No
College Goal: Diversified Instructional Delivery	No

College Goal: Campus Infrastructure	No
Responsible Person(s)	
THE COLLEGE IS FINALIZING A NEW EDUCATIONAL MASTER PLAN AS YOU ARE COMPLETING PROGRAM REVIEW. IT IS RECOMMENDED THAT YOU CONSULT THE DRAFT EDUCATIONAL MASTER PLAN AT <a href="http://www.wlac.edu/org/planning/planning_committee/emp.html">HTTP://WWW.WLAC.EDU/ORG/PLANNING/PLANNING_COMMITTEE/EMP.HTML</a> AND INDICATE HOW YOUR PLANS, BOTH UNIT GOALS AND ACTION PLANS, ALIGN WITH THE NEW DRAFT STRATEGIC GOALS AND OBJECTIVES.	This goal meets 3.1 of the Educational Master Plan Goals.
.	
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*_	
PLEASE COMPLETE ONE OF THE FOLLOWING	
SETS OF QUESTIONS DEPENDING ON THE	
STATUS OF THIS GOAL	
*****	
1) EVALUATION OF "IN PROGRESS" GOAL	
*****	
Estimate the % completion of this goal	20% completed
Describe the successes has the division/program/service had to date in the accomplishment of this goal.	The core curriculum of 4 classes have been developed in collaboration with the 9 sister colleges. The courses will be submitted to Curriculum for vetting and then delivered in Spring 2015.
Describe the challenges has the division/program/service had to date in the accomplishment of this goal.	None so far.
2) EVALUATION OF "MODIFIED" GOAL	
*****	
Why was the goal modified?	
3) EVALUATION OF "COMPLETED" GOAL	
*****	
when was work on the goal completed? (year)	
Describe what was done to complete the goal.	
Evaluate the effectiveness of implementing the goal. Describe the impact on the division/program/service and on student success that completion of the goal has had.	
What would the division/program/service do differently in the future based on the evaluation of the success in implementing this goal?	
Will completion of this goal lead to developing another goal? If so, describe the new goal.	

Link Type	Planning Object	Planning Element	User Description
<b>Linked Planning Objects</b>			
Link Type	Planning Object	Planning Element	User Description
Institutional Link	EMP Strategic Goal	SG 3.1: Create clear completion pathways	
Institutional Link	EMP Strategic Goal	SG 3.4 Enhance curriculum vitality, viab	

<b>Planning Element Impacts</b>			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 3. build on West's success in Career Technical		A core curriculum will provide students interested in the healthcare field a foundational classes to better prepare them for success.

<b>Forge Effective alliances with local sch</b>	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Forge Effective alliances with local schools in the community
Goal Number	3
Description of the Goal	To create connections with local high schools to offer the Healthcare Core Curriculum to new incoming students.
Goal Initiation Year (YYYY)	2015
Goal Timeline	Less than 1 year
Goal Current Priority	2
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	The number of high school students interested in health care and the number of students that enroll and successfully complete the core.
Goal Status	New
_____	
BASED ON THE REFLECTION AND ASSESSMENT	
CONDUCTED IN THE PROGRAM REVIEW SECTION	
DESCRIBE THE NEED THIS GOAL ADDRESSES	
What issues, problems, or opportunities identified in your Program Review will this Goal address?	This goal will bring students to WLAC and provide them foundational skills in health care. Upon completion of the core, students will obtain entry level employment skills and skills certificates that will be acknowledged by all 9 campuses and employers.
What SLO assessment / reflection will this Goal address?	
_____	
WITH WHICH COLLEGE STRATEGIC PLAN	
GOALS DOES THIS UNIT GOAL ALIGN?	
AT LEAST ONE COLLEGE GOAL MUST BE CHOSEN	





Describe what was done to complete the goal.	
Evaluate the effectiveness of implementing the goal. Describe the impact on the division/program/service and on student success that completion of the goal has had.	
What would the division/program/service do differently in the future based on the evaluation of the success in implementing this goal?	
Will completion of this goal lead to developing another goal? If so, describe the new goal.	

**Linked Planning Objects**

Link Type	Planning Object	Planning Element	User Description
Institutional Link	EMP Strategic Goal	SG 1.1: Improve student achievement, ove	
Institutional Link	EMP Strategic Goal	SG 2.4 Enhance and maintain facilities a	
Institutional Link	EMP Strategic Goal	SG 3.2 Develop & implement services to h	
Institutional Link	EMP Strategic Goal	SG 3.3 Prepare students to enter a compe	
Institutional Link	EMP Strategic Goal	SG 5.1 Forge effective alliances with lo	
Institutional Link	EMP Objective	Objective 3.1.1 Create & promote roadmap	
Institutional Link	EMP Objective	Objective 3.2.2 Enhance services to impr	
Institutional Link	EMP Objective	Objective 3.3.4 Strengthen and broaden r	

**Planning Element Impacts**

Impact Type	Level Name	Is Impacted?	User Description
Level Impact			
Level Impact	Goal 3. build on West's success in Career Technical Education (CTE) to improve the whole		A Healthcare core curriculum is based on collaboration with the Chamber of Commerce Health Sector and the 9 sister colleges. This program provides foundational skills, industry recognized certificates and entry level job skills. The courses will be marketed to the local highschools, veterans and students of all LACCD students.

**Planned Action**

**Offer a Health care Core Curriculum**

PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Fake Goal 1
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	4 Health care core curriculum course have been created in collaboration with the 9 sister colleges. Students who are interested in a Health care will be directed into these courses via counselors. All 4 courses provide foundational skills in health care.Upon completing the core courses, students will receive a skills certificate that is recognized by all 9 colleges.

What are the expected measurable results of the Action?	Number of students who successfully complete the core curriculum and move on to programs.
Action Initiation Year	2016
Action Priority	1
Action Status	Completed
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Obtain a 40 station Computer Lab	
Internal Link	Resource Request	Hire a FT faculty (2)	
Institutional Link	EMP Objective	Objective 3.2.2 Enhance services to impr	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Allied Health		Facilities will be shared between the Dental Hygiene and Dental Assistant programs
Level Impact	Goal 3. build on West's success in Career Technical		

Offer a Dental Assistant Program to meet	
PROVIDE BASIC INFORMATION FOR EACH PLANNED ACTION	
Planned Action	Fake Goal 1
Action Number	Offer a Dental Assistant Program to meet the labor market demand
Action Number	2
Provide a description of this action. Include the critical steps required to accomplish this action.	According to the labor market, there will be 1640 job opening in the Los Angeles Area from 2012-2020. With a dental facility available on campus and connections with the local dental community, a dental assistant program will be offered in Fall 2015. The curriculum has been submitted to and approved through our college and submitted to LAOC RC for approval.
What are the expected measurable results of the Action?	The number of certificates and degrees
Action Initiation Year	2015
Action Priority	1
Action Status	Completed
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Link Type	Planning Object	Planning Element	User Description
<b>Linked Planning Objects</b>			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Dental Assistant Program Director	

<b>Offer a 4year Bachelor Degree in Dental</b>	
PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Fake Goal 1
Planned Action	Offer a 4year Bachelor Degree in Dental Hygiene
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	With SB 850 signed by Governor Brown, we hope to be selected to offer the pilot project at WLAC. Since the DH students graduate from the program with a minimum of 120 units, this degree will not require any new classes and students will achieve the degree that they deserve. Also, since this is a terminal degree with no transferability options, this 4year degree will allow underrepresented student to achieve a higher degree at a lower cost than a CSU. We have letters of support from the students, industry leaders, faculty, community dentist, advisory board members and the college administration and Academic Senate.
What are the expected measurable results of the Action?	The purpose of this Bill is to increase the number of bachelor degrees in the state. The measurable outcomes will be the number of degrees achieved.
Action Initiation Year	2015
Action Priority	1
Action Status	In Progress
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

<b>Linked Planning Objects</b>			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	A Bachelor of Science Degree in Dental H	
Internal Link	Resource Request	Office space for Bachelor Degree Adminis	
Internal Link	Resource Request	Hire a Admin assistant	
Institutional Link	EMP Objective	Objective 3.2.2 Enhance services to impr	
Institutional Link	EMP Objective	Objective 3.3.2 Close gaps in the prepar	
Institutional Link	EMP Objective	Objective 3.3.4 Strengthen and broaden r	

<b>Hire a .5 FT Faculty and .5 Clinical coo</b>	
PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Fake Goal 1
Planned Action	Hire a .5 FT Faculty and .5 Clinical coordinator for Allied Health
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	Hire a clinical coordinator to coordinate student clinical rotation schedule for all allied health programs, create and update contracts with facilities, and make new community connections for internships .5 assignment. and teach the other .5.
What are the expected measurable results of the Action?	Increase the number of rotation for CNA and Medical Assisting, and keep contracts and student clinic schedules current and accurate.
Action Initiation Year	2015
Action Priority	1
Action Status	Changed
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

<b>Purchase equipment to stay current with</b>	
PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Fake Goal 1
Planned Action	Purchase equipment to stay current with employment trends
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	Purchase equipment that will keep students current and employable.
What are the expected measurable results of the Action?	Employment numbers
Action Initiation Year	2014
Action Priority	1
Action Status	Changed
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

<b>Linked Planning Objects</b>			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Purchase Model Trimmers (2)	

Link Type	Planning Object	Planning Element	User Description
Internal Link	Resource Request	Purchase Digital Cameras (3)	
Internal Link	Resource Request	Obtain a 40 station Computer Lab	
Internal Link	Resource Request	Diagnodent Caries detector	
Internal Link	Resource Request	Laser for dentistry- Biolase	

To have a budget for equipment repairs a	
PROVIDE BASIC INFORMATION FOR EACH PLANNED ACTION	Fake Goal 1
Planned Action	To have a budget for equipment repairs and maintenance
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	With technology comes the need to repair and maintain equipment. We need a budget to keep up with the repair needs of the dental clinic and lab. As of last semester, 1 xray unit head needs replaced and the Panoramic radiology equipment needs repair.
What are the expected measurable results of the Action?	To have a fully functional clinic each semester.
Action Initiation Year	2014
Action Priority	1
Action Status	In Progress
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Obtain a 40 station Computer Lab	
Internal Link	Resource Request	A budget for equipment repairs and maint	

Have a 40 station computer lab: Licensin	
PROVIDE BASIC INFORMATION FOR EACH PLANNED ACTION	Fake Goal 1
Planned Action	Have a 40 station computer lab: Licensing and Certificatin Testing site
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	Have a 40 station computer room to share withal allied Health disciplines. This room will also serve as a testing site for accredited state and national license and certifications.

What are the expected measurable results of the Action?	Increase the number of students taking the state and national exam immediately after graduation.
Action Initiation Year	2016
Action Priority	2
Action Status	Changed
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Resource Request	Obtain a 40 station Computer Lab	

Hire a Full Time Faculty (1)	
USE THE 'LINK' BOX ABOVE TO LINK EACH PLANNED ACTION WITH 1 OR MORE UNIT GOALS & RESOURCE REQUESTS IF NEEDED .	
PROVIDE BASIC INFORMATION FOR EACH PLANNED ACTION	Fake Goal 1 Purchase equipment to stay current with employment trends 1 Purchase equipment that will keep students current and employable. Employment numbers
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	Hire a Full Time Faculty to replace the vacancy of the re-assigned chair and director.
What are the expected measurable results of the Action?	The program is impacted by release time of two FT faculty members. The department needs more support in teaching and college committee participation.
Action Initiation Year	2016
Action Priority	1
Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Hire a FT Faculty	
Institutional Link	EMP Objective	Objective 3.2.2 Enhance services to impr	

Planning Element Impacts

Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Allied Health		Dental Hygiene
Level Impact	Goal 3. build on West's success in Career Technical		
Level Impact	Strategic Goal 3.3: Prepare students to enter a		

Hire Full time Faculty (request for 2nd	
USE THE 'LINK' BOX ABOVE TO LINK EACH	
PLANNED ACTION WITH 1 OR MORE	Fake Goal 1
UNIT GOALS & RESOURCE REQUESTS IF NEEDED	Purchase equipment to stay current with employment trends
.	1
PROVIDE BASIC INFORMATION FOR	Purchase equipment that will keep students current and employable.
EACH PLANNED ACTION	Employment numbers
Planned Action	Hire Full time Faculty (request for 2nd FT faculty)
Action Number	2
Provide a description of this action. Include the critical steps required to accomplish this action.	With two faculty members being released to 1. establish the 4 year degree program and 2. to replace the Allied Health Chair and Director, we are in need of two FT faculty positions to assist with the teaching load. This faculty member will cross teach in disciplines, Dental Hygiene, Dental Assisting and Health Occupations.
What are the expected measurable results of the Action?	Hire less adjunct faculty and relieve the current teaching hour load of FT faculty. With Allied Health program requiring an 18 unit load, faculty are stretched.
Action Initiation Year	2016
Action Priority	1
Action Status	New
Are additional resources needed by the Division/ Department / Program in order to accomplish the Action?	Yes

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Unit Goal	Continue to prepare student to enter the	
Internal Link	Resource Request	Hire a FT Faculty	
Internal Link	Resource Request	Hire a FT faculty (2)	
Institutional Link	EMP Objective	Objective 1.1.1 Effective programs and s	

## Resource Request

<b>Purchase Digital Cameras (3)</b>	<b>*** RR # 7 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Provide a description of the Resource Request	Students no longer have cameras suitable for intra-oral photos. They are using cell phones to take pictures. It is a HIPPA violation to have patient information on cell phones. The department needs digital intral-oral cameras.
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	Yes
If yes, cite the relevant Regulations.	It is a HIPPA violation to store patient information on a cell phone; subject to thousands of dollars in fines.
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	X
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	



Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$1,600
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The cameras cost anywhere from \$300-\$400 each. The department needs at minimum 3 cameras.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	We had cameras through the bond but when the movers moved us from A-9 to the new clinic 5 years ago, the cameras went missing. However, the boxes remained in the clinic. We have been asking for cameras since then.

Resource Request Responsible Person(s)	Carmen
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Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Purchase equipment to stay current with	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 1. Affirm institutional commitment to student		the impact of not having cameras for patient assessment put us at a high risk with internal accreditation

<b>Obtain a 40 station Computer Lab</b>	<b>*** RR # 5 ***</b>
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PROVIDE A DESCRIPTION OF THE REQUEST	
Provide a description of the Resource Request	The allied health division requires computer labs for teaching purposes as well as testing needs. We struggle with scheduling a computer lab with Computer Science as they are impacted with lab classes. We would like the lab to double as a designated testing site for all Allied Health programs since they all require either state or national licensing or certification exams.
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	2
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	Yes
If yes, cite the relevant Regulations.	State testing is required for licensing and/or certification for all Allied Health programs in the division.
Resource Request Status	Continuing
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	

_____	X
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	\$35,000
Maintenance of equipment )Other Operating Expense, 500000)	\$5,000
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	

TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	Consultation with Larry Rowell on cost of each station; Dell I5/I7 Processor approximately 875.00 per station. We will also require a facility to house the lab.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	This request was submitted last year but not funded.
Resource Request Responsible Person(s)	Carmen Dones

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a Health care Core Curriculum	
Internal Link	Planned Action	Purchase equipment to stay current with	
Internal Link	Planned Action	To have a budget for equipment repairs a	
Internal Link	Planned Action	Have a 40 station computer lab: Licensin	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 1. Affirm institutional commitment to student learning.		a budget for maintenance and repair is imperative to teaching effectively. Having a computer lab will assist our students in obtaining state and national licensure.

<b>A Bachelor of Science Degree in Dental H</b>	<b>*** RR # 1 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Resource Request	A Bachelor of Science Degree in Dental Hygiene
Provide a description of the Resource Request	This resource requests is for support from the college in to offer a BS degree in Dental Hygiene. Governor Brown signed SB 850 to allow 15 districts to offer a BS degree in 1 program. The Dental Hygiene program is the ideal program for the degree. With students entering the DH program with over 60 units and then taking 61 units in the program, our students deserve a bachelor degree as they are completing the equivalent units. We will not require any additional resources for this request.
Type of Request	Non-Salary
Funding Type	Ongoing
Resource Request Priority	1

Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	The criteria for the proposal will come from the state chancellor's office.
Resource Request Status	New
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	X
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	

Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	Other
Please provide any additional information that was not covered above.	Besides support college-wide, we will especially need continued support from the counseling department, financial aid office and admissions and records. A workgroup will need to be established when the criteria becomes available.
Resource Request Responsible Person(s)	Carmen Dones, DH Faculty, Advisory Board Members.

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a 4year Bachelor Degree in Dental	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 3. build on West's success in Career Technical Education (CTE) to improve		This degree will increase the # of bachelor degrees offered statewide, and increase job opportunities for students who graduate from the program.

<b>A budget for equipment repairs and maint</b>	<b>*** RR # 2 ***</b>
PROVIDE A DESCRIPTION OF THE REQUEST	
Resource Request	A budget for equipment repairs and maintenance
Provide a description of the Resource Request	The dental clinic is filled with technology; radiology equipment, sterilizers, and many different machines. We have experienced the need for repairs and two radiology heads and now we need another, and our panoramic machine needs a motor. This request isurgently needed to keep the students current in the field. They need to be trained in our facility prior to providing treatment to our Veterans and other local community members.
Type of Request	Non-Salary
Funding Type	Ongoing
Resource Request Priority	
Does this Resource Request meet requirements for health, safety and essential services?	Yes
If yes, cite the requirement details.	Our machines are checked regularly by the Department of Health and Human Services.
Does this Resource Request meet local, state or federal regulations or other mandates?	Yes
If yes, cite the relevant Regulations.	Per our accreditation, we need to meet the criteria imposed by accreditation on ratios of equipment to student learning.
Resource Request Status	Continuing
_____	
DETAILED COST BREAKDOWN	
_____	
CERTIFICATED SALARIES (100000)	
Position Title	
Class Code	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
_____	X
CLASSIFIED SALARIES (200000)	
[FOR PAY RATES, REFER TO THE	
LINK TO THE SALARY SCHEDULE, WHICH IS	
AVAILABLE IN THE 'INSTRUCTIONS.']	
Position Title	
Class Code	

Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
Employee Benefits:	
_____	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
_____	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	\$5,000
Contracts/personal services (Other Operating Expense, 500000)	\$2,000
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
_____	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
_____	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	In consultation with Lorraine in Plant Facilities, Care stream and Pact-one, we have regularly discussed the cost and need for repairs of the equipment.
What are the proposed funding sources?	Program 100



Please provide any additional information that was not covered above.	This is an ongoing request. We really need these repairs ASAP. If we don't get these repairs done, the students will have to find external sources to learn the equipment and possibly have to pay for the services. We've also talked to the foundation about possibly helping us with this cost but never heard back about it.
Resource Request Responsible Person(s)	Carmen and DH faculty and Advisory Board Members

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	To have a budget for equipment repairs a	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Goal 1. Affirm institutional commitment to student learning.		The program is highly impacted by the need for a equipment and repair budget. The burden will be placed on the student to find a facility to obtain the training needed for Panoramic radiographs for the State Exams

Hire a FT Faculty	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	Hire a new FT faculty for Allied Health
With the increase of students and programs, ..	Faculty, Full Time
Ongoing	
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	Hire a FT Faculty to teach in cross disciplines: Dental Hygiene, Dental Assisting and Health Occupations
Resource Request Status	New
Type of Request	Faculty, Full Time
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	0741
*****	Probationary

CERTIFICATED SALARY (INCL. FPIP)(100000)	\$15,000
Position Title	Full time Faculty in Dental Hygiene
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	Career Technical Education
How will this position support or sustain other disciplines and programs?	The new hire will be assigned teach dental hygiene and assisting, allied health and health occ.
Type	Probationary
Total Cost of Certificated Benefits	\$30,000
Total Cost of Certificated Salaries	\$75,000
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	

Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$110,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The release time for one of the faculty is paid through a grant. Therefore, the funds can be allocated to the FT position in Dental Hygiene.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	The Dental Hygiene program is due for a site visit from the commission on dental accreditation in 2017. The reporting needs to be accomplished and support is needed from FT faculty.
Resource Request Responsible Person(s)	Carlos Sermeno, Carmen Dones

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Hire a Full Time Faculty (1)	
Internal Link	Planned Action	Hire Full time Faculty (request for 2nd	

<b>Diagnodent Caries detector</b>	<b>*** RR # 3 ***</b>
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	Obtain a 40 station Computer Lab
Provide a description of the Resource Request	The allied health division requires computer labs for teaching purposes as well as testing needs. We struggle with scheduling a computer lab with Computer Science as they are impacted with lab classes. We would like the lab to double as a designated testing site for all Allied Health programs since they all require either state or national licensing or certification exams.
Resource Request Status	Non-Salary
Type of Request	One-Time
Funding Type	2
Resource Request Priority	To stay current with workforce trends, this equipment is needed to train students.
Does this Resource Request meet requirements for health, safety and essential services?	New
If yes, cite the requirement details.	Non-Salary
	One-Time
	2
	To stay current with workforce trends, this equipment is needed to train students.
	New
	Non-Salary
	One-Time
	1
	No

Does this Resource Request meet local, state or federal regulations or other mandates?	
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	\$1,000
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	

Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$1,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	This machine will allow us to train students on the new trends expected to know in the workforce.
What are the proposed funding sources?	Bond
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	Carlos Sermeno

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Purchase equipment to stay current with	

<b>Laser for dentistry- Biolase</b>	<b>*** RR # 4 ***</b>	
.		
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	Obtain a 40 station Computer Lab	
RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	The allied health division requires computer labs for teaching purposes as well as testing needs. We struggle with scheduling a computer lab with Computer Science as they are impacted with lab classes. We would like the lab to double as a designated testing site for all Allied Health programs since they all require either state or national licensing or certification exams.	
PLANNED ACTION.	Non-Salary	
.	One-Time	
PROVIDE A DESCRIPTION OF THE REQUEST	2	
Provide a description of the Resource Request	This equipment is needed to train students on industry trends	
Resource Request Status	New	
Type of Request	Non-Salary	
Funding Type	One-Time	

Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	\$7,000

Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$7,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	
What are the proposed funding sources?	Bond
Please provide any additional information that was not covered above.	providing training for students on this equipment will keep them current on new trends in the industry.
Resource Request Responsible Person(s)	Carlos Sermeno

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Purchase equipment to stay current with	

Hire a FT faculty (2)	
USE THE 'LINK' BOX ABOVE TO LINK EACH RESOURCE REQUEST WITH 1 OR MORE PLANNED ACTION.	Hire a new FT faculty (.5 Clinic Coordinator and .5 Instructor) for Allied Health
With the increase of students and programs, ..	
Faculty, Full Time	
Ongoing	
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	With 2 faculty members being reassigned to other positions, 1. to establish the bachelor degree program and 2. to replace the chair and director in allied health, we need two FT faculty to replace them. With Allied Health program having a teaching load of 18 standard hours, the current FT faculty are stretched thin.

Resource Request Status	New
Type of Request	Faculty, Full Time
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	0741
*****	Probationary
CERTIFICATED SALARY (INCL. FPIP)(100000)	\$15,000
Position Title	Full Time Faculty in Dental Hygiene- to teach in dental hygiene and assisting
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	Career Technical Education
How will this position support or sustain other disciplines and programs?	The new hire will teach in Dental hygiene and assisting, allied health and health occ
Type	Probationary
Total Cost of Certificated Benefits	\$30,000
Total Cost of Certificated Salaries	\$80,000
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	
Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	



Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$110,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The cost of the FT faculty will come from program 100
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	The discipline needs two FT faculty to replace the re-assigned faculty.
Resource Request Responsible Person(s)	Carlos Sermeno and Carmen Dones

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a Health care Core Curriculum	
Internal Link	Planned Action	Hire Full time Faculty (request for 2nd	

Office space for Bachelor Degree Adminis	<b>*** RR # 6 ***</b>
USE THE 'LINK' BOX ABOVE TO LINK EACH	Purchase Digital Cameras (3)
RESOURCE REQUEST WITH 1 OR MORE	Students no longer have cameras suitable for intra-oral photos. They are using cell phones to take pictures. It is a HIPPA violation to have patient information on cell phones. The department needs digital intral-oral cameras.
PLANNED ACTION.	Non-Salary

.	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Resource Request	Office space for Bachelor Degree Administrator
Provide a description of the Resource Request	Need office space to development new four year degree
Resource Request Status	New
Type of Request	Non-Salary
Funding Type	One-Time
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	
Class Code	
Basis	
Shift	
Permanent or temporary	
Rate	

Hours per pay period	
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	Office space is needed not sure of cost.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	Carlos Sermeno and Carmen Dones

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a 4year Bachelor Degree in Dental	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Strategic Goal 3.3: Prepare students to enter a		DH 4 yr degree

Hire a Admin assistant	
.	
USE THE 'LINK' BOX ABOVE TO LINK EACH	Purchase Digital Cameras (3)
RESOURCE REQUEST WITH 1 OR MORE	Students no longer have cameras suitable for intra-oral photos. They are using cell phones to take pictures. It is a HIPPA violation to have patient information on cell phones. The department needs digital intral-oral cameras.
PLANNED ACTION.	Non-Salary
.	One-Time
PROVIDE A DESCRIPTION OF THE REQUEST	1
Provide a description of the Resource Request	To provide support on the application process and reporting for the 4 year degree
Resource Request Status	New
Type of Request	Classified
Funding Type	Ongoing
Resource Request Priority	1
Does this Resource Request meet requirements for health, safety and essential services?	No
If yes, cite the requirement details.	
Does this Resource Request meet local, state or federal regulations or other mandates?	No
If yes, cite the relevant Regulations.	
DETAILED COST BREAKDOWN	
*****	
CERTIFICATED SALARY (INCL. FPIP)(100000)	
Position Title	
Class Code	
Check ONE appropriate category based on the majority of the assigned classes. (Note: If none of these categories applies, select Student and Instructional Support Service category.)	
How will this position support or sustain other disciplines and programs?	
Type	
Total Cost of Certificated Benefits	
Total Cost of Certificated Salaries	
CLASSIFIED SALARIES (200000)	
Position Title	Administrative Assistant

Class Code	
Basis	C
Shift	A (day)
Permanent or temporary	Permanent
Rate	\$30
Hours per pay period	40
UNCLASSIFIED SALARIES (200000)	
Assignment	
Rate	
Hours per Pay Period	
NON-SALARY COSTS	
Instructional media materials (Supplies and Printing, 400000)	
Non-instructional supplies (Supplies and Printing, 400000)	
Printing/copying (Supplies and Printing, 400000)	
Equipment (Instructional and non-instructional) (Capital Outlay, 600000)	
Maintenance of equipment )Other Operating Expense, 500000)	
Contracts/personal services (Other Operating Expense, 500000)	
Alteration and improvement (A & I) (Capital Outlay, 600000)	
Other Expense:	
Other expense GL Account:	
TOTAL FIRST YEAR COST OF REQUEST (EST.)	
Total estimated cost for the first year of the resource request	\$60,000
ADDITIONAL COMMENTS	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	The governor is providing funding to support the BS pilot program
What are the proposed funding sources?	Grants
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	Carlos Sermeno and Carmen Dones

Linked Planning Objects			
Link Type	Planning Object	Planning Element	User Description

Link Type	Planning Object	Planning Element	User Description
Internal Link	Planned Action	Offer a 4year Bachelor Degree in Dental	

Planning Element Impacts			
Impact Type	Level Name	Is Impacted?	User Description
Level Impact	Strategic Goal 3.3: Prepare students to enter a		