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## Admissions and Records

Unit Goal	Planned Action
Secure older admissions records in compl	Move records currently stored in paper b
Rehab "Freudian Sip" into Info Center st	Rehab "Freudian Sip" into Info Center wi

### Unit Goal

Secure older admissions records in compl	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Secure older admissions records in compliance with accreditation recommendation II.c.a
Goal Number	1
Description of the Goal	Accreditation recommendation II.c.a. directs the college to ensure that its records are safe and secure. The records are not currently safe and secure. In fall of 2014, I will receive a bid on the cost to secure our records in metal (vs. paper) storage boxes.
Goal Initiation Year (YYYY)	2014
Goal Timeline	Less than 1 year
Goal Current Priority	The highest.
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	We will know the goal has been met when all the records have been transferred from paper to metal storage boxes.
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?	The need to comply with accreditation standard II.c.a.
What SLO assessment / reflection will this Goal address?	The need to comply with accreditation standard II.c.a.



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	Move records currently stored in paper b	

Rehab "Freudian Sip" into Info Center st	
PROVIDE A FULL DESCRIPTION OF THE GOAL	
Unit Goal	Rehab "Freudian Sip" into Info Center staffed by four CGCAs
Goal Number	2
Description of the Goal	Rehab "Freudian Sip"/hire CGCAs
Goal Initiation Year (YYYY)	2015
Goal Timeline	Less than 1 year
Goal Current Priority	2nd
Describe the primary measurable objective for this goal. This is the measure that will assess the degree to which the goal has been met.	Transformation of space to house CGCAs, computers, info desk, phones and standing tables. Telephone-based student support will increase.
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?	
What SLO assessment / reflection will this Goal address?	
_____	



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	Rehab "Freudian Sip" into Info Center wi	

**Planned Action**

Move records currently stored in paper b	
PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Secure older admissions records in compliance with accreditation recommendation II.c.a
Planned Action	Move records currently stored in paper boxes to metal boxes.
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	1. Receive bid from Bill Smith 2. Move and reorder (where needed) in secure metal boxes
What are the expected measurable results of the Action?	We will be in compliance with accreditation standard II.c.a.
Action Initiation Year	2015
Action Priority	The highest
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	Secure older admissions records in compl	

**Rehab "Freudian Sip" into Info Center wi**

PROVIDE BASIC INFORMATION FOR	
EACH PLANNED ACTION	Secure older admissions records in compliance with accreditation recommendation II.c.a
Planned Action	Rehab "Freudian Sip" into Info Center with telephone support.
Action Number	1
Provide a description of this action. Include the critical steps required to accomplish this action.	A bid from Allen Hanson will be made in fall 2014. Four CGCAs need to be hired and extensively trained. The dean has already spoken to the outreach coordinator and recruiter about layout plans and management. The phone tree may be reworked to consolidate choices and place "Outreach" at the top of the tree.
What are the expected measurable results of the Action?	Incoming calls and visits related to online self-service will be directed to the Info. Center. The info center can walk students through information and processes found online. The Center will help students complete online self-service tasks.
Action Initiation Year	2014
Action Priority	2nd
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	Rehab "Freudian Sip" into Info Center st	

## Resource Request

<b>Records security</b>	*** RR # 56 ***		
PROVIDE A DESCRIPTION OF THE REQUEST			
Provide a description of the Resource Request	Labor and equipment needed to move records from degrading paper boxes to secure metal boxes, making records retrievable.		
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?	Yes		
If yes, cite the requirement details.	We must comply with accreditation standard II.c.a.		
Does this Resource Request meet local, state or federal regulations or other mandates?	Yes		
If yes, cite the relevant Regulations.	We must comply with accreditation standard II.c.a.		
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	
_____	
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:	
_____	
<b>TOTAL FIRST YEAR COST OF REQUEST (EST.)</b>	
Total estimated cost for the first year of the resource request	
_____	
<b>ADDITIONAL COMMENTS</b>	
Please note all sources for cost information for the Resource Request that serves to justify the estimated expense.	A bid from plant facilities will be prepared in the fall of 2014.
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	I will not have exact cost until early November 2014. I do not know whether bond money can or should be used to cover the expense.
Resource Request Responsible Person(s)	Michael Goltermann, Allen Hanson, Phyllis Braxton

<b>Rehab Freudian Sip with Telephone Support</b>	
PROVIDE A DESCRIPTION OF THE REQUEST	
Resource Request	Rehab Freudian Sip with Telephone Support
Provide a description of the Resource Request	A rehab of Freudian Sip to include computers, info desk, phones, standing tables. Four CGCA workers to answer phones and do other outreach work.
Type of Request	Combination
Funding Type	Both
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?	No
If yes, cite the relevant Regulations.	
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	
_____	
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	CGCA
Rate	\$15
Hours per Pay Period	200
_____	
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.	I will receive a bid for the rehab work in fall 2014; four CGCAs working 25 hours per week each will total about \$6,000 per month. This would permit two CGCAs to work phones, providing the equivalent of full-time coverage; the other two workers could rotate in from the field (outreach).
What are the proposed funding sources?	Program 100
Please provide any additional information that was not covered above.	
Resource Request Responsible Person(s)	