

Planning and Budget

	BUDGET INITIATIVE	REQUEST	UHS Initia	tive:		
			Dept Funct	tion:		
Budget Year:						
Department:			Divis	sion:		
Category:	Unit/College:					
Dept Priority #:	Unit/Coll Priority #:					
Program Outcome for FY:	Initiative Description:					
Initiative Request Justification: (reference use of results)		Expense Category		Current	Base	FTE
		Exempt Staff Non-Exempt Staff				
		Non-Exempt Stan				
		Day of the				
		Benefits	Total			
Impact if Not Funded: (reference criteria for success)						
TIER 2 Objectives						
Acknowledgment: by checking this box you understand all fi	inal requests submitted are	to be included in future ye	ar assessment	reports.		
Unit/College Head Approval:			Total			