IMMEDIATE NEED REQUEST Approved in the state of the state

quested by: (Unit, Depart	tment, Division or Vice President)	Access	/1	
		\/	Date to VP: 6/14/2019	
Location	(Fill-in)	Reviewed By (Signature):		
Department or Unit:	ACCESS		Date to Cabinet:	
Division:	Student Services		Outcome:	
Vice President:	Audrey Yamagata-Noji			

Budget Request(s)		Justification for Request(s)		Funds Requested **		
	(List in Priority Order) An "Immediate Need" is a shortfall in funding that, unless funded immediately, could cause a program to cease to function.		Amount	One-time	Ongoing	Approved
1.		Deaf/Hard of Hearing (DHH) student population continues to grow as does student involvement in campus activities and leadership opportunities. While provision of services are legally mandated, the hours of service are extremely difficult to predict. Additionally, there has been a decrease in the allocation and funding is needed for interpretering and captioning services (amount requested includes salary and benefits).	App	med		
	Account Number(s):	17519-52220-241300-499900-2200 17519-522100-241100-499900-2200	150,000.00	X		
2.		Unforeseen approved Management, Faculty and Classified Unit A OLA increases for 2018-19 (amount requested includes salary and benefits).	APPV	Me		
	Account Number(s):	17519-522100-121000-642000-1200 17519-522000-113000-493030-1100 17519-522000-122000-642000-1200 17519-522000-123000-642000-1200 17519-522100-221000-499900-2200 17519-522000-211000-642000-2100	229,068.00	X		
3.						
	Account Number(s):	~				

Please provide documentation to support the amount requested, such as price quotes from vendor, copy of catalog, etc. Also, include any ancillary costs, such as maintenance, annual software upgrades, etc.