

## Budget Planning Council

Decisions TO BE MADE on Planning Assumptions

|  |     |       |
|--|-----|-------|
| <input type="checkbox"/> <b>Salary</b> (NOTE any other items of consideration that would change decision.) |     |       |
| o Will Raises be provided  | YES | NO    |
| o If YES, how much of a raise pool?  | 1%  | 2% 3% |
| o Will the additional faculty compensation be provided?  | YES | NO    |

|  |     |    |
|--|-----|----|
| <input type="checkbox"/> <b>Benefits</b> (NOTE any other items of consideration that would change decision.) |     |    |
| o Will any changes be made to health benefits?   | YES | NO |
| o Will any changes be made to educational benefits?  | YES | NO |

|  |     |    |
|--|-----|----|
| <input type="checkbox"/> <b>Other impacts to total compensation?</b> | YES | NO |
|--|-----|----|

|   |           |    |
|---|-----------|----|
| <input type="checkbox"/> <b>Enrollment Estimate</b> |           |    |
| o What enrollment figures will be used?             | See Below |    |
| o Enrollment reserve changes?                       | YES       | NO |

|   |       |    |
|---|-------|----|
| <input type="checkbox"/> <b>Vision OHIO</b>             |       |    |
| o Will funding for FY2011 be provided for general fund? | YES   | NO |
| o What is the amount of funding allocated?              | \$ ?? |    |
| o Will funding for FY2011 be provided for general fee?  | YES   | NO |
| o What is the amount of funding allocated?              | \$ ?? |    |