

**JACKSONVILLE STATE UNIVERSITY
JSU SUGGESTION FORM**

NAME _____ DEPT _____ DATE _____

Explanation of Suggestion _____

Benefit to Be Derived: _____

Amount of Saving to JSU: _____ Per _____

Signature

Date

RECOMMENDATION OF DEPARTMENT HEAD OR IMMEDIATE SUPERVISOR

Agree _____

Disagree _____

Comments: _____

I estimate the cost saving to be _____ Per _____

Explain: _____

Signature

Date

RECOMMENDATION OF DEAN/DIRECTOR

Agree _____

Disagree _____

Comments: _____

I estimate the cost saving to be _____ Per _____

Explain: _____

Signature

Date

(Please forward to the Office of Human Resources)

RECOMMENDATION OF ADMINISTRATIVE COUNCIL

Approved: _____

Disapproved: _____