

**Wichita State University
Employee Suggestion Program
Suggestion Form**

Suggester Information		
Name: _____		Job Title: _____
Division: _____		Department: _____
Campus Box # _____	Work Phone/Ext.: _____	Name of Supervisor: _____

Suggestion Information (if more space is needed, attach a separate sheet)
Describe the present method or situation.

Explain in detail how the present method or situation could be improved and reduce costs in your agency. Include the estimated first year's savings and how that was determined.

By my signature, I agree that once the suggestion above has been adopted by my agency, the suggestion becomes the property of the State of Kansas.

Signature: _____ Date: _____

Submit form to: Director of Human Resources, Campus Box 15

To be completed by agency: _____ Adopted _____ Not Adopted