



Tulsa Public Schools

Employee Cost Savings Suggestion

Name(s): _____ Date _____

Address: _____ Site of Employment _____

Supervisor: _____ Daytime Phone # _____

Describe the current procedure or condition:

Describe the proposed cost-saving improvement of that procedure or condition:

How could this idea be implemented?

What would be the cost savings resulting from the implementation of the idea?

I have read the applicable policy, rules, procedures, and listing of ineligible suggestions and agree to accept the Review Committee's decision regarding this suggestion as final and binding. I understand that suggestions selected for implementation become the sole property of Tulsa Public Schools.

Employee(s) Signature(s) _____ Date _____

Note: Employee's signature and date is required in order for the suggestion to be considered valid.

Return the completed, signed form to:

Becca Goodson (Confidential)
Accounting Department, Room 500
Education Service Center
PO Box 470208
Tulsa, OK 74147-0208