

SUPERVISOR STATEMENT OF SUPPORT

Solutions for Achieving Value and Efficiency (SAVE) Committee
2015

Applicant Information

Applicant's Name: _____

Title: _____ Department: _____

Campus Box: _____ Campus Phone: _____

Email: _____

By completing and signing the below information, I acknowledge and support the applicant stated above to serve as a member of the SAVE committee. I understand that the time commitment related to serving on the SAVE committee will include:

- Average of 1-3 hours per week in team participation and committee meetings.
- Length of committee membership is one year with an opportunity to re-join for a second term. Limit of two terms.

Please check one of the following boxes:

- I agree that this applicant can make a real contribution to the SAVE committee and I encourage and support their participation.
- I agree that this applicant can make a real contribution to the SAVE committee, but I have some concerns about our ability to manage their absence of 1-3 hours per week from the department.

Supervisor Information

Supervisor's Name: _____

Title: _____ Department: _____

Campus Box: _____ Campus Phone: _____

Email: _____

Signature

Date

Please email this form to Tara Bone, tara.bone@wustl.edu, by Wednesday, November 5th, 2014