

Garrison Supersaver Nomination Form

Employee Name: _____

Employee Position: _____ Job Series & Grade: _____

Employee Directorate: _____

Justification: Please explain how the Garrison could save money/cut costs by changing a process or eliminating a wasteful practice.

Employee Signature: _____

Submission Date: _____

* Please send to Ms. Barbara Cardinal in the Garrison RMO office at: barbara.cardinal3.civ@mail.mil.