

Employee Suggestion Form

Name: _____ Date: _____

Department: _____ Reporting Supervisor: _____

1. Is this a group suggestion? (Circle one) Yes No

If yes list name/s of others involved in the suggestion: _____,
_____, _____, _____.

2. Accurately state the problem or describe the current situation, your suggestion addresses.

3. Describe your proposed solution:

4. Identify any tangible benefits (measurable savings, or increases in revenue) that will result from the implementation of your suggestion.

5. Identify any intangible benefits (improved customer service, increased effectiveness or efficiencies, a safer work environment, or higher employee morale) that will result from the implementation of your suggestion.

6. Identify any costs associated with the implementation of your suggestion.

Employee's signature _____ Date _____