

# EMPLOYEE SUGGESTION FORM

## IDENTIFICATION

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
Position/Title \_\_\_\_\_ Dept. \_\_\_\_\_

## CONCERN

Please state the nature of your suggestion, including how it improves your job, the job of others, value to the customers, and the concern being addressed (lost time, misuse of materials, loss of revenue, return of goods, inefficiency, morale, etc.).

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## RESOURCES NEEDED

Please explain how the company can help to support your suggestion. Please include estimates of labor, materials, capitol, equipment, or other resources needed.

Labor Needed: \_\_\_\_\_

Materials Needed: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Capitol Needed: \_\_\_\_\_

Other Resources Needed: (please specify) \_\_\_\_\_

Total Estimate of Costs to Address Concern: \_\_\_\_\_

## DESIRED BENEFIT

Please explain the anticipated total benefit to your company

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Total estimated financial benefit to your company \_\_\_\_\_

## PLANNING

Please outline the steps needed and the individuals/departments that must be involved to accomplish the suggestion set forth above.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Total estimated Time to Complete: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR MANAGEMENT USE ONLY**.....

**Supervisor Name:**

**Title:**

**Date Received:**

**Follow-up Date:**

Suggestion Merit (Please explain pros and cons in detail):

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Benefit to Company:

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Cost to Company (include Capitol, Equipment, Manpower, etc.):

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Is this suggestion cost efficient and related to the company mission (Please explain in detail):

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Suggestion Priority (1 = Low, 5 = High)

**1      2      3      4      5**

Action to be taken:

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**SUGGESTED EMPLOYEE REWARD**.....

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**Supervisor Name**

**Date**

**Supervisor Signature**

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