

Revised: January 2015

Reviewed: May 26, 2016

**Employee Suggestion Form**

**Employee Name:** Click here to enter text. **Title/Position:** Click here to enter text.

**College/Dept/Area:** Click here to enter text. **Date of Suggestion:** Click here to enter text.

*Provide a concise description of your suggestion, including:*

* *A statement of the problem or area for improvement;*
* *The specific proposed solution for the problem or area; and*
* *The possible benefits, including cost savings or revenue gains when applicable*

*In addition to completing and submitting this form, submit additional pages and relevant supporting documentation as needed. For additional information, refer to the* ***Guidelines for the Individual Meritorious Recognition and Employee Suggestion Program.***

**Description of Suggestion:** Click here to enter text.

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit suggestion directly to the supervisor of the department for which the suggestion applies. The supervisor will be responsible for evaluating the suggestion.**

**Suggestion is being forwarded to:** Click here to enter text.

***To be completed by evaluator of employee suggestion***

**Evaluator has let employee know that he/she received the suggestion:** [ ]  **Yes** [ ]  **No**

*This should be done when suggestion is received.*

**Suggestion meets eligibility requirements:** [ ]  **Yes** [ ]  **No**

*If “no” is checked, please send a copy of this form along with an explanation*

*to the employee who made the suggestion, and to the Office of Human Resources.*

**If suggestion meets eligibility requirements as stated in the *Guidelines for the Individual Meritorious Recognition and Employee Suggestion Program,* located in the Policy Library, evaluator has completed an *Employee Suggestion Evaluation Form*:** [ ]  **Yes** [ ]  **No**

(*This form is found on the Human Resources webpage and in the Policy Library)*

**Evaluator has approved and implemented (or will implement) suggestion:** [ ]  **Yes** [ ]  **No**

If suggestion is not approved, please send a copy of the completed evaluation form and a copy of this form to the employee, and to the Office of Human Resources. If suggestion is approved, please send this form and the completed evaluation form, along with supporting documents, if any, to the Office of Human Resources.