**Employee Suggestion: Evaluation Form**

***For Use Only by Human Resources Office***

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| --- | --- |
| **Evaluator Name:** | Click here to enter text. |
| **Title/Position:** | Click here to enter text. |
| **College/Department/Area:** | Click here to enter text. |
| **Suggestion submitted by:** | Click here to enter text. |
| **Brief Title for Suggestion:** | Click here to enter text. |
| **Date of Suggestion:** | Click here to enter a date. |
| **Date of Evaluation:** | Click here to enter a date. |

*Provide a concise evaluation of the suggestion, including*:

* *a recommendation on whether the suggestion can and should be implemented;*
* *effort and/or costs involved with implementation;*
* *projected cost savings, revenue, and/or improvements in efficiency or operations if implemented; and*
* *the estimated time frame required for implementation.*

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

**Evaluation of Suggestion**

Click here to enter text.

Evaluator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_