



Revised: January 2015
Reviewed: May 26, 2016
Revised: June 16, 2020
Reviewed: October 5, 2022
Reviewed: November 18, 2024
Reviewed: October 6, 2026

Employee Suggestion Form

Employee Name:

Title/Position:

College/Dept/Area:

Date of Suggestion:

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 likely costs and benefits.

*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**.*

Description of Suggestion:

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:

To be completed by Human Resources:

Employee has been notified of receipt of suggestion: *This should be done when suggestion is received.*

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YES

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NO

Suggestion meets eligibility requirements:

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YES

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NO

If no, please send a copy of this form along with an explanation to the employee who made the suggestion.

If suggestion meets eligibility requirements as stated in the **Employee Suggestion Program**, located in the Policy Library, Human Resources has completed an **Employee Suggestion Evaluation Form**:
(This form is found on the Human Resources webpage and in the Policy Library)

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YES

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NO

Employee Suggestion forwarded to the University President for final approval.

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YES

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NO

If suggestion is not approved, Human Resources will send a copy of the completed evaluation form and a copy of this form to the employee.