**EMPLOYEE SUGGESTION FORM**

**IDENTIFICATION**

|  |  |
| --- | --- |
| **Employee Name:** | **Date:** |
| **Position/Title:** | **Dept:** |

**ISSUE**

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| --- |
| Clearly state the nature of your suggestion, including how it improves your job, the job of others, value to the customers, and the issue being focused on (lost time, loss of revenue, misuse of materials, return of goods, morale, inefficiency, etc.). |
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|  |

**RESOURCES REQUIRED**

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| --- |
| Clearly explain how the company can help to support your suggestion. Please include estimates of labour, materials, capital, equipment, or other resources needed. |
| Labour Needed: |
| Materials Needed: |
| Equipment Needed: |
| Capital (Money) Needed: |
| Other Resource Needed (Please specify): |
| Total Estimated Cost to Address Concern: |

**DESIRED BENEFIT**

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| --- |
| Please explain the anticipated total benefit to the company: |
|  |
|  |
|  |
| Total Estimated Financial Benefit to Company: |

**PLANNING**

|  |  |
| --- | --- |
| Please outline the steps needed and the individuals/departments that must be involved to accomplish the suggestion set forth above. | |
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|  |  |
|  |  |
| Total Estimated Time to Completion: | |

Employee Signature: Date:

***FOR MANAGEMENT USE ONLY***

|  |  |
| --- | --- |
| **Supervisor Name:** | **Title:** |
| **Date Received:** | **Follow-up Date** |

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

Benefit to Company:

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

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

Suggestion Priority (1= Low, 5 = High) **1 2 3 4 5**

Action to be taken:

|  |  |
| --- | --- |
| **Suggested employee reward** | |
| **Manager name** | **Date** |
| **Manager signature** | |