



# EMPLOYEE SUGGESTION AWARD PROGRAM

## SUGGESTION FORM

Eligible employees should submit ideas on this form to their Agency Coordinator to be considered for an award or recognition. Respective Agency Coordinators can be located at <https://www.teamtn.gov/hr/employees/employee-suggestion-program.html>

### Employee Information

		<b>Agency Tracking #</b>
<b>Name of Suggestor(s)</b>	<b>Employee ID</b>	
<b>Agency Name</b>	<b>Job Classification</b>	
<b>Work Address</b>	<b>City, State, Zip</b>	
<b>E-mail Address</b>	<b>Telephone Number</b>	

### Suggestion Information

<p><b>State the issue - describe in detail. If more space is needed, attach a separate sheet.</b></p>	
<p><b>Describe your proposed solution. Attach examples, charts, etc. as needed to explain.</b></p>	
<p><b>Benefits of Your Suggestion- check all that apply</b></p> <p> <input type="checkbox"/> Monetary Savings             <input type="checkbox"/> Safety/Health             <input type="checkbox"/> Process Improvement             <input type="checkbox"/> Customer Service  <input type="checkbox"/> Working Conditions             <input type="checkbox"/> Product Improvement             <input type="checkbox"/> Other       </p>	
<p><b>If monetary savings can be obtained, what are the projected savings over the next fiscal year(s)?</b></p>	
<p><b>Has suggestion already been implemented?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>Suggestor(s) Signature</b></p>	<p><b>Date</b></p>