

EMPLOYEE SUGGESTION FORM

Employee Name: _____ Date: _____

Position/Title: _____ Dept: _____

Fill out as much of this form as possible. We understand you may not be able to fill out every box. Please do your best. We appreciate your suggestion!

(Use extra paper where necessary)

Give your suggestion a name: _____

IDEA: Please state the nature of your suggestion, why it excites you, including how it improves your job, the job of others, value to the customers, saves time, makes money or saves money.

RESOURCES: Please explain what resources are needed to support your suggestion:

Labor Needed: _____

Materials Needed: _____

Equipment Needed: _____

Cash Needed: _____

Other Resources Needed (Please specify):

Total Estimated Cost:

BENEFITS: Please explain the anticipated benefits to you and/or the company:

Labor Saved: _____

Materials Saved: _____

Equipment Saved: _____

Money Saved: _____

Revenue Generated: _____

Other Benefits (Please specify):

Total Estimated Financial Benefit:

PLANNING: Please outline the steps needed and the individuals/departments that must be involved to accomplish your suggestion:

1.
2.
3.
4.

Total Estimated Time to Completion:

Employee Signature: _____ Date: _____