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 http://tn.gov/hr/topic/employee-suggestion-program.

Employee Information

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

Suggestion Information

State the issue – describe in detail. If more space is needed, attach a separate sheet.

Describe your proposed solution. Attach examples, charts, etc. as needed to explain.

Benefits of Your Suggestion- check all that apply

☐ Monetary Savings ☐ Safety/Health ☐ Process Improvement ☐ Customer Service

☐ Working Conditions ☐ Product Improvement ☐ Other

If monetary savings can be obtained, what are the projected savings over the next fiscal year(s)?

Has suggestion already been implemented?

☐ Yes ☐ No

Suggestor(s) Signature	**Date**

PR-0185 (7/18)