



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. Employees who do not know the name of their Agency Coordinator should contact the Human Resources office for their agency or visit <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

<p>State the issue - describe in detail. If more space is needed, attach a separate sheet.</p>	
<p>Describe your proposed solution. Attach examples, charts, etc. as needed to explain.</p>	
<p>Benefits of Your Suggestion- check all that apply</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>If monetary savings can be obtained, show the amount over next five years (include calculations and how saving are determined).</p>	
<p>Has suggestion already been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Suggestor's Signature</p>	<p>Date</p>