



SUGGESTION NUMBER

**City of Phoenix**

HUMAN RESOURCES DEPARTMENT

**EMPLOYEE SUGGESTION PROGRAM SUBMISSION FORM**

TO GIVE YOUR SUGGESTION EVERY CONSIDERATION, PLEASE REVIEW THE INSTRUCTIONS ON THE BACK SIDE OF THIS FORM. PLEASE COMPLETE THE ENTIRE FORM. MAKE A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS AND SEND THE ORIGINAL TO THE HUMAN RESOURCES DEPARTMENT – HR CENTER, 135 N. 2ND AVENUE. A SUGGESTION NUMBER WILL BE ASSIGNED UPON RECEIPT AND SENT TO YOU. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 602-262-6608.

*(Please Print or Type)***A. PERSONAL INFORMATION**

NAME	JOB TITLE	EMPLOYEE ID NUMBER
DEPARTMENT	DIVISION / SECTION	OFFICE PHONE NUMBER
HOME PHONE NUMBER	TITLE OF SUGGESTION	
WHICH DEPARTMENT(S) IS AFFECTED BY YOUR SUGGESTION?		

SIGNATURE *(Suggestion not accepted if unsigned)*

DATE SUBMITTED

☐ Check this box if two or more employees have collaborated on this suggestion and attach all names, job titles, employee ID numbers, and signatures.

How did you hear about the Employee Suggestion Program? ☐ Intranet ☐ City Employee ☐ Department Presentation ☐ Other \_\_\_\_\_

**B. DESCRIBE THE PROBLEM, CURRENT METHOD, OR PROCEDURE***(Attach additional pages if necessary.)***C. YOUR PROPOSED SOLUTION***(Provide details. Attach additional pages, sketches, or samples to clarify. Include steps for implementation of suggestion.)***D. SAVINGS INFORMATION**

Check the box that describes your suggestion's savings, if any. For tangible savings, attach documentation to clarify/support the first year's annual savings/cost avoidance figures.

☐ **TANGIBLE:** A definite dollar value can be determined. **Please provide annual cost of suggested method which should include labor, materials, implementation costs, operation, maintenance, etc. Attach additional pages documenting your first year's annual savings and/or cost avoidance figures.**

☐ **INTANGIBLE:** This suggestion involves improvements in working conditions, changes in procedures, revisions of forms, or employee health, or safety. Measurable cost savings or cost avoidance cannot be precisely determined.

**First Year's Annual  
Savings / Cost Avoidance / Revenue Generated**

Cost of current method \_\_\_\_\_

Less cost of proposed method – \_\_\_\_\_

**Annual Savings/Cost Avoidance/  
Revenue Generated** \_\_\_\_\_

## Instructions for completing the Employee Suggestion Form

The Employee Suggestion Program (ESP) recognizes employees for ideas that improve City operations and services. If your suggestion can be measured in terms of money saved or revenue generated, you could receive a monetary award. Awards for suggestions resulting in improvements that **cannot** be measured in terms of actual money saved or revenue generated, but have a positive effect on services or employees (such as improved safety or morale), may also be eligible to receive a monetary award determined by the ESP Committee.

### INSTRUCTIONS

You may submit as many suggestions as you like. Each suggestion must be on a separate form. If your suggestion has already been implemented, you must submit the suggestion no later than 90 days after it was implemented.

#### A. Personal Information

Please complete Section A in full. Give your suggestion a title that summarizes or briefly describes your idea. List the department(s) which would benefit from, or would be impacted by, your suggestion. Your suggestion cannot be considered without your signature. If you or other employees worked together on this suggestion, check the box and attach all names, job titles, employee ID numbers, and signatures on an additional page. Please complete Section A by indicating how you heard about the Employee Suggestion Program.

#### B. Current Method or Procedure

Give a detailed description of the problem, current method, or procedure. Attach additional pages, if necessary.

#### C. Proposed Solution

It is very important that your idea for improvement or change is clearly described. Be sure to include answers to the following questions if they apply to your idea.

- How will your suggestion eliminate the problem or improve the current method, procedure, or working conditions?
- List the steps of your procedure. How would your idea be implemented?
- Will your suggestion increase productivity or improve the quality of work performed? How?
- Does your suggestion improve working conditions (morale) or reduce safety hazards? How?

#### D. Savings Information

Determine if your suggestion is tangible (cost savings/cost avoidance) or intangible (no measurable cost savings or cost avoidance) and check the appropriate box. For tangible suggestions, list the cost savings/cost avoidance or increase in revenues that would be realized if your suggestion were adopted. Be sure to include the cost of operations, maintenance, labor, materials, and implementation costs if these items apply. Deduct the annual cost of your proposed method from the annual cost of the current method to determine your annual savings/cost avoidance. On a separate sheet, indicate how you determined these numbers. All savings and costs are based on the first year of implementation. If your suggestion is intangible, list the benefits associated with your idea.

Put your name on the top of any attachments. You may submit drawings, diagrams, or sketches with this form.

Send your completed suggestion form to:

Human Resources Department – HR Center  
135 N. 2nd Avenue  
Telephone number 602-262-6608

A letter with your assigned suggestion number will be sent to you. Please use this number to make inquiries regarding the status of your suggestion.

#### General Information

- All adopted suggestions become the property of the City of Phoenix.
- The City of Phoenix reserves the right to amend or terminate the ESP at any time.
- For complete details, see AR 2.27 for eligibility requirements, cost saving definitions, awards, etc. Please visit website <http://employee.phoenix.gov/hr/traindev/suggestions/index.html> for more information.
- The use of an adopted or not adopted suggestion shall not form the basis of any legal claim made against the City of Phoenix or the City of Phoenix Employee Suggestion Program. The suggester is bound by all the terms, conditions, and provisions of AR 2.27 and other city, county, and state statutes.