

# EMPLOYEE SUGGESTION FORM

## Instructions

1. Be sure to read the eligibility requirements for types of suggestions to be considered
2. Please write or type legibly.
3. Attach additional pages if necessary.
4. Put only one suggestion on each form.
5. If assistance is needed, please see your supervisor.
6. Sign and date your suggestion unsigned suggestions will not be accepted.
7. Return this to the suggestion box in your location.

Names:

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Department:

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Title of Suggestion:

1. Briefly describe the problem, situation, procedure, to be improved. Be specific in identifying what needs to be improved.
  
  
  
  
  
  
  
  
  
  
2. What is your suggestion? Again, be specific - describe completely the improvement and explain how your suggestion will be implemented. Provide details on how the City will benefit by adopting your suggestion.

## **COST SAVINGS CALCULATIONS:**

1. Determine annual cost of old method or procedure.
  
  
  
  
  
  
  
  
  
  
2. Determine first year cost of suggested method or procedure.
  
  
  
  
  
  
  
  
  
  
3. Determine cost to implement - list one time cost that are not included in (2) above.
  
  
  
  
  
  
  
  
  
  
4. Determine **first** year savings:

Cost - old method Cost – New Method                      Cost to Implement                      First Year Savings

Signature or Employee \_\_\_\_\_ Date: \_\_\_\_\_

Signature or Employee \_\_\_\_\_ Date: \_\_\_\_\_

Signature or Employee \_\_\_\_\_ Date: \_\_\_\_\_