



U.S. DEPARTMENT OF AGRICULTURE

# EMPLOYEE SUGGESTION FORM

**SOLUTIONS \$AVE  
SO \$UBMIT \$UGGESTIONS**

SUGGESTOR: Complete items 1 thru 11.  
Please print or type except for signature.

1. CURRENT SITUATION: (Describe the present pr procedure, condition, etc., in full detail.)

2. EXPLAIN YOUR SUGGESTION: INCLUDE SPECIFIC RECOMMENDATIONS FOR CHANGE.

(If you need additional space, attach a sepearte sheet of paper.)

3. I BELIEVE MY SUGGESTION WILL:

- ☐ Increase Productivity    ☐ Increase Service    ☐ Improve Methods    ☐ Reduce Costs  
☐ Prevent Injuries & Illnesses    ☐ Improve Quality    ☐ Other (Identify): \_\_\_\_\_

4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION INCLUDING THE MEASURABLE OR NONMEASURABLE SAVINGS THAT WOULD RESULT.

The acceptance by me of an award for this suggestion shall constitute an agreement that the use of the suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.

5. SUGGESTOR'S NAME (Print or Type)	6. SIGNATURE	7. AGENCY	8. DATE
9. TELEPHONE/FAX:	10. OFFICE MAILING ADDRESS		11. E-MAIL ADDRESS
SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A.)			
12. DATE SUGGESTION RECEIVED:	13. RECEIVED BY:	14. TITLE	15. SUGGESTION TRACKING NO.
EVALUATING OFFICE ( Complete items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.)			
15A. EVALUATING OFFICE	B. RECOMMENDED ACTION (Attach Written Comments) <input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____	C. SIGNATURE OF EVALUATOR	D. TRACKING NO.   E. DATE
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____		

SEE REVERSE SIDE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION.

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