## **Employee Process Improvement**

## **Suggestion Form**

Employee Information:
• Full Name:
• Position:
Submission Date:
Process Description:
Current Process Being Addressed:
Challenges Observed in the Process:
Proposed Improvement:
Suggested Changes:
Anticipated Benefits of the Changes:
Support Needed for Implementation:
Budget (if required):
Tools/Resources:
● Team Support: ☐ Yes ☐ No

Employee Agreement:
By submitting this form, I agree that my suggestion is subject to review and
potential implementation.
Employee Signature:
Date:
Management Decision:
□ Accepted □ Declined
Comments: