**Employee Warehouse Suggestion Form**

**Employee Details:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suggestion Focus Area:
☐ Safety
☐ Efficiency
☐ Cost Reduction
☐ Employee Morale**

**Description of Current Issue:**

**Proposed Solution:**

**Expected Outcome:**

* **Reduced Operational Costs: ☐ Yes ☐ No**
* **Improved Safety Standards: ☐ Yes ☐ No**
* **Enhanced Workflow Efficiency: ☐ Yes ☐ No**

**Additional Notes or Comments:**

**Acknowledgment by Employee:
I, [Insert Employee Name], understand that my suggestion will be reviewed and considered based on its feasibility and impact.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer’s Comments:**

**Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**