



# Employee Suggestion Form

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Name: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

1. What is your suggestion? Be specific: Describe the improvement and tell how it can be made.

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2. How will your suggestion improve the present situation or benefit the County (ex: cash savings, revenue, labor, space, safety, service, morale)?

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3. Estimated cost savings first year: \_\_\_\_\_

How did you arrive at this amount? \_\_\_\_\_

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Attach a diagram of your suggestion or sample of the idea, if appropriate. If additional space is needed, please attach additional sheets of paper. Without the complete information, it is difficult to process a suggestion fairly.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_