

# Employee Suggestion Program Evaluation Form

---

## Suggestion Eligibility

If the suggestion concerns any of the following, indicate which and explain:

- |  |  |
|--|--|
| <input type="checkbox"/> Personal grievance or complaint                               | <input type="checkbox"/> Classification and pay                    |
| <input type="checkbox"/> Unclear or non-specific method                                | <input type="checkbox"/> Established procedures not being followed |
| <input type="checkbox"/> Matters that are the result of studies, audits, surveys, etc. | <input type="checkbox"/> Other                                     |

Does the suggestion accurately describe the current method or situation?

- ☐ Yes      ☐ No (If no, what is the actual method or situation?)

Can the suggestion be implemented either fully or partially?

- ☐ Yes      ☐ No (Explain giving specifics, attach a separate page if needed.)

Has this suggestion previously been proposed or under consideration?

- ☐ Yes      ☐ No (If yes, what action was taken or is being taken?)

## Evaluation of Cost Savings

Agency estimated cost reduction, please describe and show calculations:

## Agency Action

- ☐ Adopted      ☐ Not Adopted