

# SUGGESTION FORM

Fill out this form completely.



Submit your idea on this form to your Agency/Campus Suggestion Program Coordinator to be considered for a cash award and/or a Certificate of Commendation in recognition of your idea. If you do not know the name of your agency/campus coordinator, contact your Personnel/Human Resources Office or the Web site: [suggest.state.wi.us](http://suggest.state.wi.us)

Any state or university employee (part-time, full-time, temporary, permanent, classified, unclassified) can submit his or her suggestions for improvement in any area of state government operations.

Agency Tracking Number:

## EMPLOYEE INFORMATION

Name of Suggester(s):	Job Classification Title:
Agency:	Division/Institution/Unit:
Work Address:	City, State, Postal Code:
E-Mail Address:	Telephone Number: <span style="float: right;">FAX Number:</span>
Name of Supervisor:	Supervisor's Work Address (if different from above):

## SUGGESTION INFORMATION

**State the Problem, Concern, or Issue:** *(Describe in detail. If more space is needed, attach separate sheet.)*

**Describe Your Proposed Solution:** *(Attach examples, photos, charts, etc., as needed to explain.)*

**Benefits of Your Suggestion:** *(Check all that apply.)*

Monetary Savings	Safety/Health	Process Improvement	Improved Morale
Customer Service	Working Conditions	Product Improvement	Other: _____

If Monetary Savings, show amount over each of next five years *(include calculations and how savings are determined):*

Has the suggestion been implemented?      YES      NO

Suggester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_