

TIP\$ Suggestion Form

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My suggestion is:

BENEFIT

U

- Increase productivity
- Improve service
- Reduce costs
- Prevent waste
- Improve quality
- Other

EVALUATOR

Who do you think should evaluate this suggestion?

Full Name:

Department:

SUGGESTOR IDENTIFICATION

Last Name:

First Name:

Employee ID#:

Job Title:

Department:

Phone Extension:

Building and Room #:

Supervisor:

JOINT SUGGESTORS (if applicable)

Full name:

Department:

Full name:

Department:

READ BEFORE SUBMITTING FORM

By submitting this form, I agree that UNT may use any idea, method, or device covered by subsequent adoption of the suggestion without further permission from me, my heirs, or assigns. In addition, I hereby transfer all rights, title and interest in my suggestion to UNT for any use that it deems fit. I understand that the sole consideration or value that I will be entitled to through this agreement or otherwise, because of my suggestion, will be the award, if any, that I receive from UNT through its suggestion policy. I hereby warrant that this suggestion was my idea, method or device and not a suggestion, device or method of another.

Sketches, drawings, or other supplemental materials can be delivered to Marquis Hall 150.