

PEACE CORPS SUGGESTION FORM

NAME OF SUGGESTER		POSITION		GRADE
ORGANIZATION & LOCATION		OFFICE CODE	ROOM NO.	OFFICE PHONE NO.
I UNDERSTAND that the acceptance of a cash award for the use of this suggestion by the United States Government shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Signature) (Date) </div>			Do Not Write in this Space	DATE RECEIVED
				SUGGESTION NO.
TITLE OR SUBJECT OF SUGGESTION				
PROBLEM <i>(Describe problem, difficulty or circumstances that prompted the submittal of your suggestion.)</i>				
OLD METHOD <i>(Describe in detail – give office or other location and conditions involved.)</i>				
SUGGESTED IMPROVEMENT <i>(Describe your improvement idea, tell how it can be used and state what it will accomplish.)</i>				
I BELIEVE THIS SUGGESTION WILL <i>(circle all that apply)</i>				
SAVE TIME	SAVE MATERIAL	IMPROVE METHODS	IMPROVE SAFETY	SIMPLIFY WORK
				OTHER <i>(Specify)</i> _____

PEACE CORPS SUGGESTION EVALUATION REPORT FORM

EMPLOYEE NAME <i>(Last, First, Middle)</i>	SUGGESTION <i>(Number and Title)</i>			Date Received			
				Date Installed			
POSITION	GRADE	OFFICE CODE	ROOM NO.	OFFICE PHONE NO.			
ORGANIZATION & LOCATION							
This suggestion is forwarded for investigation, appropriate action, and report. We are looking for usable ideas that will improve Peace Corps operations – any procedure or item we are not using is new to us and may be of great value. Every suggestion calls attention to a problem and we must be sure the suggestion won't help before we reject it. A complete evaluation is necessary and all questions that apply to this suggestion should be answered on this Peace Corps Suggestion Evaluation Report Form. Attach additional pages if necessary.							
Incentive Awards Administrator _____				(Date)			
				(Signature)			
				(Date)			
				YES			
				NO			
1. DOES SUGGESTION MERIT LOCAL ADOPTION? (If "NO" give reason for rejecting suggestion in space 4 and answer question 6 only.)							
2. IS SUGGESTION IN OPERATION? (Complete item below.)							
IF "YES" GIVE DATE INSTALLED:			IF "NO" CIRCLE BELOW THE ACTION TAKEN TOWARD ADOPTION				
COMMITMENT TO ADOPT HAS BEEN MADE	JOB ORDER HAS BEEN ISSUED	EXPERIMENTAL WORK OR TRIAL TEST IS UNDER WAY	HIGHER APPROVAL IS NECESSARY				
3. ESTIMATE OF BENEFITS							
A. INTANGIBLE BENEFITS (circle all that apply)	SAFETY	IMPROVED METHOD	MORALE	OTHER <i>(Specify)</i>			
VALUE (circle all that apply)	MODERATE	SUBSTANTIAL	HIGH	EXCEPTIONAL			
EXTENT OF APPLICATION (circle all that apply)	LIMITED	EXTENDED	BROAD	GENERAL			
B. TANGIBLE BENEFITS (In table below compute the value of the labor and material to be saved by the suggestion.)							
ITEM	LABOR			MATERIAL			TOTAL (LABOR AND MATERIALS)
	Person Hrs per	Dollars per	TOTAL	Units per	Cost per Unit	TOTAL	
FORMER METHOD							
NEW METHOD							
SAVINGS							
4. ADDITIONAL INFORMATION AND COMMENTS (Attach additional pages if necessary.)							
5. GIVEN THE ELIGIBILITY CRITERIA IN MS 662 § 9.4.1, DOES THE SUGGESTION MERIT AN AWARD? (IF "YES", COMPLETE AWARD NOMINATION FORM, PC-1579)			YES	NO	RESPONSIBLE MANAGEMENT OFFICIAL (see MS 662 § 9.4.4.2)		
6. INDICATE IF SUGGESTION IS USABLE ELSEWHERE			_____		_____		
			<i>(Title)</i>		<i>(Office Code)</i>		
			_____		_____		
			<i>(Signature)</i>		<i>(Date)</i>		