Attachment 2-D-1

	U.S. DEPARTMENT OF AGRICULTURE SO EMPLOYEE SUGGESTION FORM SUGGESTOR				
EIVIPLOTEE	SUGGESTION FURIN	SUGGESTOR: Complete Itel Please print o	ms 1 thru 11. r type except for signature.		
CURRENT SITUATION: (Describe the	present procedure, condition, etc., in full detail.)				
EXPLAIN YOUR SUGGESTION: INCL	UDE SPECIFIC RECOMMENDATIONS FOR CHANGE.				
	(If you need additional space, attach a separate s	heet of paper.)			
3. I BELIEVE MY SUGGESTION WILL:					
Increase Productivity	Increase Service Improve Methods	Reduce Costs			
Proyect Injuries & Illegaces					
Prevent Injuries & Illnesses	☐ Improve Quality ☐ Other (Identify):		DINCE THAT WOULD BEGIN T		
			INGS THAT WOULD RESULT.		
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Attachment 2-D-2

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DOE, Jane B. SOCIAL SECURITY NO. 123-45-6789 APPLICATION OF CREATED AWARD (mm, dd, yy) FRINDO COVERED FOR AWARD (mm, dd, yy) FRANKAD APPROVED, MAIL CHECK TO: GARNIZATION AWARD (LECK T					1		ount to caen payee.	
Agr Commod Grader (Grain) GS-1980-09/05 GAGNEZATON AND LOCATION New Orleans, LA PROMO 1/17/96 To: 1234,567 RAWAND APPROVED, MAIL CHECK TO: (MODERS) GARNACH CHECK ADDRESS GOTHER (Specify address): Do. 2006. 40 Destrohan, LA 70047 LISTAMARDS OR OSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.) None CTATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.) PROVEET SEEMS RECOGNIZOFOR: Submitching an employee suggestion to install ground-fault electrical outlets at Pederal Grain Inspection Service work locations with water sources. COMPLETE THE APPROPRIATE AWARD SECTION 12. TYPE OF RECOGNITION RECOMMENDED (check one) AWARD* COMPLETE THE APPROPRIATE AWARD SECTION 12. TYPE OF RECOGNITION RECOMMENDED (check one) AWARD* CAMPANAMAND AWARD* GARNHARING AWARD THE OFF AWARD TO AWARD (Check one) 13. NO. OF PERSONS 14. TOTAL AWARD COMPLETE THE APPROPRIATE AWARD SECTION COMPLETE THE APPROPRIATE AWARD SECTION AWARD* GARNHARING AWARD AWARD* GARNHARING AWARD THE OFF RECOGNITION RECOMMENDED (check one) 13. NO. OF PERSONS 14. TOTAL AWARD COMPLETE THE APPROPRIATE AWARD SECTION AWARD* COMPLETE THE APPROPRIATE AWARD SECTION COMPLETE THE APPROPRIATE AWARD SECTION COMPLETE THE APPROPRIATE AWARD SECTION THE OFF AWARD TO THE AWARD TO THE AWARD SECTION COMPLETE THE APPROPRIATE AWARD THE OFF AWARD TO THE AWARD SECTION COMPLETE THE APPROPRIATE AWAR	GI	PSA			I			
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FOR OIL 1/1/96 To: 1234567 FAWARD APPROVED, MAIL CHECK TO: (ADDRESS) USDA, GIPSA, FGIS P.O. Box 640 Pestrehan, LA 70047 UST AWARDS OR OSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.) NONE CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (The language will appear on the employee's certificate.) PROVEE SEING RECOGNIZED FOR: SUMDITION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (The language will appear on the employee's certificate.) PROVEE SEING RECOGNIZED FOR: SUMDITION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (The language will appear on the employee's certificate.) PROVEE SEING RECOGNIZED FOR: SUMDITION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (The language will appear on the employee's certificate.) PROVEE SEING RECOGNIZED FOR: COMPLETE THE APPROPRIATE AWARD SECTION 12. TYPE OF RECOGNITION RECOMMENDED (check one) PRESONS IN THE PAST SET WEEKS (Specify type of award, amount freceived, and the resulting benefits to the Government. **Attach a description of the contribution exceeds the moderate benefits. 13. NO. OF PROODS 14. TOTAL AWARD ANABD* **Attach a description of the contribution exceeds the moderate benefits. 15. AUGUST IN THE OF RECOGNITION RECOMMENDED (check one) PROODS 16. TYPE OF RECOGNITION RECOMMENDED (check one) PROODS 16. TYPE OF RECOGNITION RECOMMENDED (check one) PROODS 16. TYPE OF RECOGNITION RECOMMENDED (check one) PROODS 17. TOTAL AWARD 18. DO. OF PROODS 19. AMOUNT RECOMMENDED (check one) PROODS 19. AMARD 10. TYPE OF RECOGNITION RECOMMENDED (check one) PROODS 10. TYPE OF RECOGNITION RECOMMENDED (check one) 11. TYPE OF RECOGNITION RECOMMENDED (check one) 12. TYPE OF RECOGNITION RECOMMENDED (check one) 13. TO. OF PROODS 14. TOTAL AWARD 15. TYPE OF RECOGNITION RECOMMENDED (check one) 15. TYPE OF RECOGNITION	12	3-45-6789			Agrl Commo	d Grader (Grain)	GS-1980-09	/05
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