EMPLOYEE SUGGESTION FORM

\$OLUTIONS \$AVE SO \$UBMIT \$UGGESTIONS

SUGGESTOR: Complete items 1 thru 11. Please print or type except for signature.

1. CURRENT SITUATION: (Describe the present pr procedure, condition, etc., in full detail.)

2. EXPLAIN YOUR SUGGESTION: INCLUDE SPECIFIC RECOMMENDATIONS FOR CHANGE.

(If you need additional space, attach a seperate sheet of paper.)

3. I BELIEVE MY SUGGESTION WILL:				
Increase Productivity	Increase Service	Improve Methods	Reduce Costs	
Prevent Injuries & Illnesses	Improve Quality	Other (Identify):		

4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION INCLUDING THE MEASURABLE OR NONMEASURABLE SAVINGS THAT WOULD RESULT.

The acceptance by me of an award for this suggestion shall constitute an agreement that the use of the suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.

6. SIGNATURE	7. AGENCY	8. DATE				
10. OFFICE MAILING ADDRESS		11. E-MAIL ADDRESS				
SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A.)						
13. RECEIVED BY:	14. TITLE	15. SUGGESTION TR	ACKING NO.			
EVALUATING OFFICE (Complete items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.)						
B. RECOMMENDED ACTION (Attach Written Comments)	C. SIGNATURE OF EVALUATOR	D. TRACKING NO.	E. DATE			
Adopt Reject Other:						
Adopt Reject Other:						
	10. OFFICE MAILING ADDRESS SUGGESTION COORDINATOR (Complete Items 12 13. RECEIVED BY: nplete items 16B, C, D, AND E. Use the Evaluator's Checklist (B. RECOMMENDED ACTION (Attach Written Comments) Adopt Reject Other:	10. OFFICE MAILING ADDRESS SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A.) 13. RECEIVED BY: 14. TITLE uplete items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating B. RECOMMENDED ACTION (Attach Written Comments) C. SIGNATURE OF EVALUATOR	10. OFFICE MAILING ADDRESS 11. E-MAIL ADDRES SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A.) 13. RECEIVED BY: 13. RECEIVED BY: 14. TITLE 15. SUGGESTION TF uplete items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.) B. RECOMMENDED ACTION (Attach Written Comments) C. SIGNATURE OF EVALUATOR D. TRACKING NO.			

SEE REVERSE SIDE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION.

FORM AD-287 (7/97)

INSTRUCTIONS TO COMPLETE EMPLOYEE SUGGESTION FORM

- Explain the present method and its disadvantages (time, cost, etc.) Include in your description: What is done? When is it done? Where is it done? How is it done? Why is it done this way?
- 2. Explain the suggestion in full detail. Provide specific recommendations for change in a clear, workable solution. Include such details as: What materials will be required? Who should be involved with the implementation? Which agencies/locations will be affected? When could it be implemented?
- 3. Check the appropriate box(es) that would best describe the benefit(s) of the suggestion. If you check the box marked "Other," provide a one or two word identifier of the overall benefit of the suggestion.
- 4. Point out the benefits such as: the savings of money, time, labor, equipment, materials space etc., better service; improved product quality; safer working conditions; or other benefits. Explain the cost savings and/or waste reduction that would result.

EVALUATOR'S CHECKLIST (V)

- Read the suggestion thoroughly and carefully.
- IF NECESSARY, contact the suggestor to obtain additional information.
- ☐ Analyze the idea, determining that the problem does exist.
- Look at ways to solve the problem.
- Determine that the idea's proposed solution is the best one for the problem.
- Determine the advantages/disadvantages of the proposed solution.
- Talk with others knowledgeable of the problem about the proposed solution.
- Determine the impact this suggestion might have on other areas in the organization.
- Make decision or recommendation to adopt or reject the suggestion.
- ☐ IF AGENCY POLICY, write a letter to suggestor addressing each point in the suggestion and telling the suggestor of your decision or recommendation to adopt/reject.
- Finish the evaluation on time or request an extension.
- Complete, sign, and date the evaluation report.
- Route the suggestion, letter, and evaluation report to the suggestion office.
- ☐ Refer to the "Guide for Employee Recognition" when determining computations for measurable and/or nonmeasurable benefits. Measurable benefits should be for first year only.

PROTECTION OF SUGGESTIONS

Suggestions that are evaluated and not adopted are protected against identical submissions for a period of two years following the date of final decision by the agency. Should a rejected decision be reconsidered and adopted within the two year period, the suggestor will be eligible for award consideration. After that two year period you may, resubmit your rejected idea if you believe it still has value and would like to continue its eligibility.

If you have specific questions about your suggestion or how it is being handled, contact your Agency Suggestion Coordinator for specifics.