

EMPLOYEE SUGGESTION FORM



Employee Name: _____ Date: _____
Employee Number: _____
Job Title: _____
Department: _____
Supervisor: _____

My suggestion will be helpful in: ☐ Quality/ Productivity ☐ Procedures ☐ Safety
☐ Save Cost ☐ Improve Equipment

Problem: _____

Solution: _____

Resources: _____

Benefits: _____

