

**Employee Suggestion Form**

Instructions To Suggester			Suggestion Number	Date Received
Read information below before preparing this form. Describe your idea on this form, filling in all numbered items. Use additional sheets of paper and include drawings or sketches as necessary. Submit this form to your immediate supervisor or Suggestion Coordinator.				
1. Name of Suggester ( <i>First, Middle Initial, Last</i> )		2. Position Title	3. Pay Plan/Series/Grade	
4. Social Security #	5. Timekeeper #	6. Organization ( <i>OPDIV, Office, Division, Ext.</i> )		
7. Office Address			8. Office Phone	
9. May your name be used during the processing of this suggestion? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Title of Suggestion				
11. Current Situation ( <i>Briefly describe the present practice, condition, etc., which you believe should be changed</i> )				
12. Idea for Improvement ( <i>State your idea as clearly as possible. Tell how and where it may be used and what it will accomplish</i> )				

*(Continue on the other side)***READ THIS INFORMATION BEFORE PREPARING YOUR SUGGESTION****PRIVACY ACT STATEMENT**

The Department of Health and Human Services is authorized to collect the information requested on this form by Title 5 U.S.C 4501 et seq. Disclosure of the information is voluntary; however, failure to fully complete the form may make it impossible for the Department to process the suggestion. The information provided by you will be used to facilitate the processing of the suggestion. At the discretion of the Department Suggestion Coordinator, your suggestion may be sent to other Federal agencies for an evaluation.

**NON-SUGGESTIONS:** The following proposals are not considered suggestions and are not processed through the Suggestion Program:

1. Those pertaining to the need for routine maintenance and repair.
2. Those suggesting minor improvements in working conditions that ordinarily can be corrected through normal or customary action.
3. Those which are personal complaints or grievances.

**TIME LIMITATION:** If you make a suggestion informally and it is adopted, you must submit the suggestion in writing through prescribed channels within six months after it is placed in effect in order to qualify for a cash award under the Suggestion Program.

**PREPARATION:** Better suggestions result from careful preparation. You may ask your supervisor for advice and assistance. He or she will help you develop and perfect your idea for submission. Both the quality and adoption rates of suggestions increase when the supervisor provides assistance and guidance.

**SUBMISSION:** You may submit your suggestion to your immediate supervisor or send it to your Suggestion Coordinator. It is good practice to submit it to your supervisor especially if it pertains to anything affecting the operation of his or her unit. If you wish to remain anonymous during the evaluation of the suggestion, indicate your preference in Item 9 of this form before submission to your Suggestion Coordinator.

**EJECTED SUGGESTIONS:** If your suggestion is rejected, you may request reconsideration within 90 days. Such a request must be based on new information that you provide.

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THE DHHS SUGGESTION PROGRAM

Gives you the opportunity to help your Department improve its operations and provide better services.  
Enables you to receive personal recognition for your constructive thinking either by an honorary or cash award.

**IDEAS SPARK PROGRESS! KEEP YOUR IDEAS COMING!**

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12. Idea for Improvement (*Continued*)

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13. Savings and/or Other Benefits to the Government which will result from your idea

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I hereby agree that acceptance of a cash award constitutes an agreement that the use of this 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, and assignees.

14. Signature

15. Date

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**Suggestion Acknowledgement**

16. Subject of Suggestion

Suggestion #

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Thank you for submitting your suggestion which has been assigned the above number. As soon as it is evaluated and a final decision is made, you will be notified of the action taken. Your interest in improving Government operations is appreciated.

Suggestion Coordinator

Date

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17. Print your name and the address to which you want this acknowledgement sent. Your office address is preferred.