



SUGGESTION FORM

OFFICE USE ONLY
Suggestion Number:

BE SURE TO READ THE ELIGIBILITY REQUIREMENTS AND RULES ON THE REVERSE OF THIS FORM BEFORE YOU BEGIN.

1. Type or print with ink.
2. Attach additional pages if necessary (be sure to indicate the question number you are continuing).
3. Put only one suggestion on each form.
4. In order to facilitate evaluation, completely document your suggestion.
5. If you need help, ask your supervisor or your Agency ESP Coordinator.
6. Sign and date your suggestion.
7. Send to: your Agency ESP Coordinator or your Agency Human Resource Office.

Name:	Title or Position:	Social Security Number:
Agency:	Unit:	
Work Address:	Work Telephone:	
Home Address:	Home Telephone:	

I. What is the subject of your suggestion?

II. Describe the situation, condition, method or procedure to be improved. Be specific—what is wrong?

III. What is your suggestion? Be specific—describe the improvement and tell how it can be made.

IV. How will your suggestion improve the present situation or benefit the agency or state? Be specific.

V. a) Suggestion will result in savings due to changes in:

<input type="checkbox"/> Labor	<input type="checkbox"/> Supplies	<input type="checkbox"/> Revenue	<input type="checkbox"/> Energy Usage
<input type="checkbox"/> Space	<input type="checkbox"/> Equipment	<input type="checkbox"/> Materials	<input type="checkbox"/> Maintenance Procedure
<input type="checkbox"/> Other (specify)			

b) If money will be saved or generated, provide specific cost saving figures. Attach detailed computations including a determination of cost to implement suggestion.

I certify that I am employed by the Commonwealth of Virginia. I have read the eligibility requirements and rules as stated on this form, and I agree that the state shall have the right to make full use of my suggestion.

Signature Date

ELIGIBILITY REQUIREMENTS AND RULES
All full-time, part-time or wage/ hourly employees of the Commonwealth of Virginia may submit Suggestions within the following requirements and rules:

- 1. Your suggestion must propose improvements in a specific way to some part of state government operations. It must be timely and practical and tell how improvement can be made.
- 2. If you have the authority or responsibility to make the suggested change, you are not eligible for an award.
- 3. Suggestions are not eligible if they concern matters already under consideration or personal grievances or complaints.
- 4. If the same suggestion is submitted by two or more persons separately, the first one received is eligible. Others are duplicate which are not eligible.
- 5. All cash awards shall be 25% of net savings during the first year after adoption, up to \$5,000 plus 1% of any amount saved over \$20,000.
- 6. Cash awards are usually paid after one year. Under some circumstances, full or part payment may be made before the end of one year. These awards are subject to federal, state and local taxes which will be withheld according to government regulations.
- 7. Suggestions remain valid for 1 year. To be eligible after 1 year, a suggestion must be submitted again.
- 8. Decisions of the Employee Suggestion Program are final. However, if an employee presents new or additional information, the program may wish to review its prior decision.
- 9. The Employee Suggestion Program has the exclusive right to set award policy and structure and may change the system at any time.
- 10. The use of employee suggestions by the State shall not be the basis of further claims of any kind by the suggester, heirs or assigns.
- 11. The State retains the right to terminate the Employee Suggestion Program at any time.
- 12. Other requirements and rules are given in the Employee Suggestion Program Administrative Manual. It is available for your use from your agency ESP coordinator or the ESP Office.