

STATE OF GEORGIA  
**EMPLOYEE'S**  
**SUGGESTION PROGRAM**  
**FORM**

EMPLOYEE'S SUGGESTION PROGRAM OFFICE USE ONLY
Number: _____
Assigned To: _____
Processed: _____
Evaluation Due: _____
Action: _____

SUGGESTER'S NAME(S) _____ _____ _____	PEOPLESOFT ID# _____ _____ _____	DEPARTMENT: _____ _____ _____	POSITION: _____ _____ _____
INTEROFFICE MAILING ADDRESS: _____			
City: _____		State: _____	Zip: _____
TELEPHONE: Work ( ) _____		Email: _____	

1. SUBJECT OF SUGGESTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. DESCRIBE THE PRESENT CONDITION Be specific: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. DESCRIBE YOUR SUGGESTION. State how and where it can be used. Include two copies of drawings, sample forms, or other information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. DESCRIBE BENEFITS TO THE STATE. Indicate how it will eliminate or reduce expenditures; generate additional revenue; or improve Operations e.g. save time or improve safety.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My suggestion is submitted for consideration under the terms and conditions of the Georgia Employees' Suggestion Program as set forth on the reverse side of this form. I have read these rules and understand and agree that the State of Georgia shall have the right to make full use of my suggestion.

EMPLOYEE'S SIGNATURE (Each suggester must sign) _____		Date: _____
HOME ADDRESS: _____		
City: _____	State: _____	Zip: _____

