



Employee Suggestion Form

No. _____

Date: _____

NAME: _____

UNIT: _____

SUGGESTION: _____

In what way will your suggestion enhance the company. Please check and explain. (Please use the other side of the form if necessary.)

- LABOR: _____
- FOOD PRODUCT: _____
- CLEANING: _____
- TIME: _____
- MONEY: _____
- BETTER SERVICE: _____
- HIGHER QUALITY: _____
- OTHER: _____

Unit Decision: Yes _____ Date: _____
No _____

Reason: _____

Director Received: Date: _____ Feasibility Findings: Date: _____

(Please use back of form if necessary)

Director's Decision: Yes: _____ Date: _____
No: _____ Reason: _____

Implemented: _____ Date: _____ Awarded : _____ Date: _____
3 Copies: 1-Unit 2-BASC 3-Suggestor