

WASHINGTON STATE PRODUCTIVITY BOARD EMPLOYEE SUGGESTION FORM

USE A SEPARATE APPLICATION FORM FOR EACH SUGGESTION

Please attach any supporting data.

In simple terms, summarize the current problem or condition. (Please do not use acronyms)

Suggestion Number

Date Received

Evaluation Due Date

Other Agencies Routed to:

In simple terms, summarize your proposed solution and include projected cost savings. (Please do not use acronyms)

Does this suggestion fall within your regular job duties? Yes No

How did you research your suggestion and/or come up with the savings amount? (i.e. contact information)

PROVIDE THE FOLLOWING INFORMATION

Use addendum for additional suggester(s) and attach to this form

Total Number of Suggesters _____	Please check the box if you wish to remain ANONYMOUS <input type="checkbox"/>	In the event this suggestion is adopted, I understand I will no longer be anonymous _____ <small>Type or sign initials</small>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Last Name
Social Security # <small>Optional - for payment purposes only</small>	City of Residence	County of Residence
Employing Agency	Division/Office	
Mailing Address (Campus Mail or Postal Address)	City, State, ZIP Code	
Your Job Title	Contact Information Phone () / email:	
<p><i>I understand that if my suggestion is adopted and I receive an award, monetary or otherwise, my idea becomes the property of the State of Washington and may be published. My signature or e-mail transmittal indicates I have read the rules and regulations included with this application and agree to the terms.</i></p> <p>Signature _____ Date _____</p>		