Town of Amherst

Employee Suggestion Form

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GENERAL SUBMISSION INFORMATION

SUGGESTOR'S NAME(S)	DEPARTMENT/DIVISION

POSITION/TITLE	WORK/HOME TELEPHONE

SUBJECT OF SUGGESTION	DO YOU WISH TO REMAIN ANONYMOUS DURING THE EVALUATION OF THIS SUGGESTION? YES ☐ NO ☐

I understand that my suggestion will be considered under the rules, regulations and conditions of the Town of Amherst's Employee Suggestion Program as stated in the guidelines. I have read and fully understand the guidelines, and agree that the Town of Amherst will have the right to make full use and implementation of my suggestion.

I further understand that the submission of a suggestion and acceptance of an award by me for the use of my suggestion shall constitute an agreement that the use of my suggestion by the Town of Amherst shall not form the basis of a further claim of any nature against the Town of Amherst by me, my heirs or assignees.

SIGNATURE _____   DATE _____

_____

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	TRACKING NUMBER

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SUGGESTION DETAIL

1. CURRENT SITUATION (Describe the present procedures, practices, conditions, etc., which you believe should be changed):

(Please Attach Additional Sheets if Necessary)

2. I BELIEVE MY SUGGESTION WILL (Check ALL that apply):

☐ INCREASE PRODUCTIVITY   ☐ REDUCE COSTS   ☐ CONSERVE RESOURCES

☐ IMPROVE EMPLOYEE MORALE   ☐ INCREASE REVENUE   ☐ OTHER _____

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SUGGESTION DETAIL (Cont'd)

3. EXPLAIN YOUR SUGGESTION (including specific recommendations for change, and resources needed for implementation):

(Please Attach Additional Sheets, and Drawings or Sketches if Necessary)

4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION (including the measurable and nonmeasurable savings that would result):

(Please Attach Additional Sheets if Necessary)

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