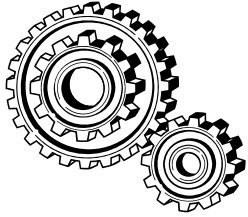


“My Idea Worked”



Suggestion #: _____

Date Received _____

EMPLOYEE SUGGESTION PROGRAM

Employee's Name: _____

Department: _____

Position: _____

Work Phone: _____

Subject Title: _____

Where should this suggestion be implemented? _____

What is the current condition? _____

What are the details of your suggestion? (Attach additional information that may be required.)

What are the advantages of adopting your suggestion? What are the expected results?

SUGGESTION REQUIREMENTS

1. Your suggestion should be presented in sufficient detail and provide any research material that is needed to ensure that your suggestion is evaluated adequately.
2. Complete a separate form for each suggestion.
3. Suggestions pertaining to changes in salaries, classifications or individual grievances will not be considered valid suggestions.

The submission of a suggestion, as well as any other material, will constitute an agreement by the employee that all claims will be waived relating to the use, immediate and future, of the suggestion by the City of Sarasota.

Signature of Employee

Date