

## EMPLOYEE SUGGESTION FORM

Employee Name				Department		Shift	
<b>Job Designation</b>		<b>Functions Details</b>					
<b>Suggestions concern</b>							
(        ) <b>Save Money</b>		(        ) <b>Improve Safety</b>		(        ) <b>Improve Efficiency</b>		(        ) <b>Environment Safe</b>	
<b>Describe current situation / procedure to be improved</b>							
<b>What are suggestions? How it will improve? Change conditions / change methods / Change in procedures / work Instruction?</b>							
<b>Please attend Short Question before sign</b>							
<b>01. Have you given same suggestions before? YES / NO :</b>							
<b>02. If your suggestions is approved, will you join implementation team: YES / NO :</b>							
<b>03. Can you make this change without any approvals of management? YES / NO :</b>							
<b>Employee Signature</b>							