

DOE -EM Consolidated Business Center

EMPLOYEE SUGGESTION

**FOR USE BY THE EMPLOYEE
SUGGESTION MANAGER**

SUGGESTION NUMBER

DATE RECEIVED

INSTRUCTIONS: Submit Original to Employee Suggestion Manager. Retain one copy for your file.

1. Name of Suggester

2. Title

3. Organization and Telephone Number

4. Building and Room Number

5. Supervisor's Name

6. Title of Supervisor

7. Title of suggestion

8. I understand that this suggestion may be implemented only if advised by the government either by written notification or through practical application of the idea, within two years of the date of final action on the suggestion. I hereby agree that the use of this suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by my heirs, assignees, or me.

Date

Signature of Suggester

Signature of Cosuggester, if any

Date

9. Describe the present situation, condition, or activity that you believe should be changed or improved.

10. Describe your suggestion in detail. Give specific data on the tangible and intangible advantages to the government resulting from manpower or material savings, improved method, work simplification, or other improvements.