

SUGGESTION FORM

Suggester Information

*Prefix:	
*First Name:	
Middle Name:	
*Last Name:	
*Position:	
Dept./Agency:	
*Supervisor:	
Unit / Division:	
Supervisor's Email:	

Home Address Information

Address:	
City:	
State:	
Zip:	
Phone:	
Courier #:	

Office Address Information

*Address:	
*City:	
State:	
*Zip:	
*Phone:	

Suggestion Information

Subject: (50 character limit)	
Date Received:	

Applicable:

- Same as suggester agency
- Other Agency (specify) _____

Indicate the strategic initiatives your idea impacts the most:

- Saves Money
- Saves Time
- Improves Safety
- Increases Revenue
- Other Impact (specify) _____

Suggestion impact:

- Agency Specific
- Statewide
- Not Sure

Is this an individual or team suggestion?

- Individual
- Team

<p>Briefly describe the current practice which should be changed. Be specific</p>	
<p>State your idea as clearly as possible. List the steps for implementing your idea. Tell how and where it may be used.</p>	

<p>What will you suggestion accomplish? List benefits of your solution.</p>	
<p>What are the costs associated with implementing your suggestion?</p>	

Additional Information for Suggestion Addendum:

<p>Suggester Input:</p>	
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Agreement:

By submitting this form, I certify that I am employed by the state of North Carolina. I have read the eligibility requirements and rules, and I agree that the state shall have the right to make full use of my suggestion.

Suggester Signature:

Date:
