



EMPLOYEE SUGGESTION FORM

Chesapeake VIRGINIA



Please check the appropriate suggestion level:

City Sense Suggestion results in measurable savings or an increase in revenue (tangible).

Growing Ideas Suggestion for which dollar savings cannot be calculated but results in significant improvements in City operations (intangible).

Name:	Date:	FOR HUMAN RESOURCES DEPARTMENT USE ONLY
SS#:	Work Phone:	
Dept:	Division:	Date Received:
		Suggestion #:

1. Have you submitted this suggestion before? (Circle one) YES NO

If "yes", date of submission:

2. Have you received prior recognition for this suggestion? (Circle one) YES NO

If "yes", please describe recognition received:

3. Is this a group suggestion? (Circle one) YES NO

If "yes", please provide the names and social security numbers of all members of the group.

4. Accurately state the problem or describe the current situation your suggestion addresses.

5. Describe your proposed solution.

6. Identify any tangible benefits (measurable savings or increases in revenue) that will result from the implementation of your suggestion. (CITY SENSE SUGGESTIONS ONLY)
7. Identify any intangible benefits (improved customer service, increased effectiveness or efficiencies, a safer work environment, better public relations or higher employee morale) that will result from the implementation of your suggestion. (GROWING IDEAS SUGGESTIONS ONLY)
8. Identify any costs associated with the implementation of your suggestion.
9. Identify the impact your suggestion will have on the operations of your department and its staff.
10. Identify to the best of your knowledge, any other areas within the City that may benefit from the implementation of your suggestion.
11. Please feel free to provide any additional comments you may have regarding your suggestion. (Use attachments if necessary).

PLEASE READ AND SIGN

I have read the Employee Suggestion Program policy and guidelines and agree to be bound by them. I acknowledge that my participation in the City of Chesapeake’s Employee Suggestion Program is voluntary and in the event that I choose to patent my suggestion, I will retain all rights and interest in the suggestion except for a royalty-free, non-exclusive license to use the suggestion which shall be retained by the City before a patent application may be filed, while the patent is pending, and/or after the patent is granted. I agree that the City of Chesapeake shall have the exclusive right to resolve all questions regarding eligibility of participants and suggestions, the designation and amount of awards. I understand that the decision of the Suggestion Review Committee is final and not subject to the City’s Grievance Procedure or other appeal process.

ORIGINAL MUST BE SUBMITTED TO HUMAN RESOURCES, PLEASE RETAIN A COPY FOR YOUR RECORDS

Employee’s signature _____ Date _____

Co-Employee’s signature _____ Date _____