

EMPLOYEE SUGGESTION FORM

Department: _____ Employee ID: _____

Employee Information:

Full Name: _____

Position/Title: _____

Contact Phone: _____

Email Address: _____

Suggestion Details:

Benefits or Expected Outcomes:

Additional Comments or Notes:

Legal and Confidentiality Notice:

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EMPLOYEE SIGNATURE

MANAGER/SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

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