



# HIIES



## SUGGESTION BOX

**Your Suggestions COUNT we would like to hear from you!**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Department/Location: \_\_\_\_\_

Please state the nature of your suggestion, including how it improves your job, the job of others, value to the customers, and the concern being addressed (lost time, misuse of materials, loss of revenue, return of goods, inefficiency, morale, etc.).

### Resources Needed

Please explain how the company can help to support your suggestion. Please include estimates of labor, materials, capital, equipment, or other resources needed.

Labor needed: \_\_\_\_\_

Materials needed: \_\_\_\_\_

Equipment needed: \_\_\_\_\_

Capital (money) needed: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Total estimated cost to address concern: \_\_\_\_\_

### Desired Benefit

Please explain the anticipated total benefit to the company:

Total estimated financial benefit to company: \_\_\_\_\_

### Planning

Please outline steps needed and the individuals/departments that must be involved to accomplish the suggestion set forth above.

1.

2.

3.

Total Estimated Time to Completion: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_