Hamilton County *FRESH IDEAS* Program
Employee Suggestion Form

Ideas Pay Off! Think of Ways to Improve!

Name		Job Title
Work Phone	E-Mail	Home Phone
Agency/Department/Division	Work Address	
Supervisor's Name		Supervisor's Phone

SUGGESTION TITLE:

PRESENT CONDITION: Describe the present condition you would like to improve.

MY SUGGESTION: Explain your suggestion in detail below. Be specific. Attach additional information if necessary, or use the additional space provided on page 3. I believe my suggestion will (check all that apply):

- ☐ Increase Productivity
- ☐ Improve Service
- ☐ Improve Methods
- ☐ Reduce Costs
- ☐ Improve Quality
- ☐ Prevent Accidents
- ☐ Other

Description of Improved Process:

Employee Name:

SAVINGS, REVENUE OR BENEFITS: Describe the benefits your suggestion will provide and include the details of any savings or revenue that will be generated.

Give your best estimate of the dollar amount in annual savings and/or revenue that will result from your suggestion: $

Awards for implemented suggestions are based on the amount of savings and/or revenue. Please check the box below for the amount of savings your suggestion will provide:

- ☐ $199 or less (eligible for raffle prize)
- ☐ $200 or more (eligible for cash award or one-day paid leave)

Please select your award preference:

- ☐ $200 Cash Before Taxes OR
- ☐ One-Day Paid Leave

I hereby understand and agree that when I submit this idea it shall become the property of Hamilton County and if I accept any monetary award from Hamilton County for this suggestion it shall be deemed payment in full, and for myself, my heirs, or my assignees. I hereby waive any claim or claims against the County which may arise as consequence of the County's approval of this suggestion.

Employee Signature: _____ Date: _____

(If sending via e-mail, you may type your name on the above line in lieu of your signature.)

DO NOT WRITE IN THIS SPACE - FOR PROGRAM MANAGER USE

Suggestion Number: _____ Date Received: _____

Meets Criteria:

Evaluating Dept(s): _____ ☐ Yes ☐ No

You may send this form via E-Mail below **OR** You may print it out and mail it to:

LaShawn Cook
Human Resources
3NW701

Print Form

Submit by Email

Please Use This Box to Provide Additional Information if Needed: