

EMPLOYEE SUGGESTION

INSTRUCTIONS

1. Complete Items 2 through 11 in Section I, all of Section II, and the return address in Section IV.
2. Describe your suggestion completely. Use additional sheets of paper and include drawings or pictures if necessary.
3. Forward your suggestion to the Assistant Director for Labor and Management Employee Relations, WHS Directorate for Personnel and Security, Attention: Executive Secretary to the Incentive Awards Board, 1777 North Kent Street, Suite 12063, Arlington, VA 22209.

SECTION I - GENERAL INFORMATION

1. SUGGESTION NUMBER	2. SUBJECT OF SUGGESTION		
3. NAME OF SUGGESTER <i>(Last, First, Middle Initial)</i>		4. ORGANIZATION <i>(X one)</i>	
		<input type="checkbox"/> OSD	<input type="checkbox"/> WHS <input type="checkbox"/> JS <input type="checkbox"/> OTHER <i>(Specify)</i>
5. HOME ADDRESS <i>(Number and Street or RFD No., City, State, ZIP Code)</i>		6. ORGANIZATION SUBDIVISION <i>(Department, Division, Section, Unit or Shop)</i>	
7. JOB TITLE		8. GRADE OR RANK	9. WORK TELEPHONE NO. <i>(Include Area Code)</i>
10. DO YOU DESIRE YOUR SUGGESTION TO BE PROCESSED ANONYMOUSLY? <i>(X one)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
11. CERTIFICATION. I hereby agree that the use of this suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.		a. SIGNATURE OF SUGGESTER	
		b. DATE SIGNED <i>(YYYYMMDD)</i>	

This section will be detached by the Executive Secretary before the Incentive Awards Board considers your suggestion. Items 12 and 13 will be completed by the Executive Secretary.

12. PROCESSING DATA

a. DATES OF ACTION <i>(YYYYMMDD)</i>					b. DECISION <i>(X one)</i>		c. SUGGESTER NOTIFIED	d. RECOMMENDED TO OSD COMPONENT HEAD FOR AWARD
(1) RECEIVED	(2) ACKNOWLEDGED	(3) CHECKED	(4) INITIAL REFERRAL FOR INVESTIGATION	(5) CONSIDERED AT BOARD MEETING	(1) ACCEPTED	(2) REJECTED		
e. EVALUATION REFERRAL NOTES (1) REFERRED TO			(2) DATE FORWARDED <i>(YYYYMMDD)</i>	(3) DATE RETURNED <i>(YYYYMMDD)</i>	(4) REMARKS			

13. SUMMARY OF AWARD

a. INITIAL AWARD			b. SUPPLEMENTAL AWARD			c. ADDITIONAL AWARD		
(1) AMOUNT	(2) DATE <i>(YYYYMMDD)</i>	(3) TANGIBLE SAVINGS	(1) AMOUNT	(2) DATE <i>(YYYYMMDD)</i>	(3) TANGIBLE SAVINGS	(1) AMOUNT	(2) DATE <i>(YYYYMMDD)</i>	(3) TANGIBLE SAVINGS

SECTION II - SUGGESTION

1. SUGGESTION NUMBER	2. I BELIEVE THIS SUGGESTION WILL <i>(X all that apply)</i>			
	<input type="checkbox"/> SAVE TIME	<input type="checkbox"/> SAVE MATERIAL	<input type="checkbox"/> IMPROVE METHODS	<input type="checkbox"/> IMPROVE SAFETY
	<input type="checkbox"/> SIMPLIFY WORK	<input type="checkbox"/> OTHER <i>(Specify)</i>		

3. SUGGESTION DESCRIPTION *(Describe suggestion completely. Describe the present practice, suggested change, where and how it can be used, and benefits to be derived from its use. Include all information available to you.)*

SECTION III - OPTIONAL EVALUATION BY SUPERVISOR

(If suggestion pertains to employee's job responsibility or work of office by which employed)

1. IS THIS A NORMAL REQUIREMENT OF THE DUTIES OF THIS POSITION? <i>(X one)</i>	2. DOES THIS SUGGESTION PERTAIN TO A PROBLEM ASSIGNED THE EMPLOYEE FOR SOLUTION? <i>(X one)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. DO YOU RECOMMEND ADOPTION OF THIS SUGGESTION? <i>(X one)</i>	4. WHAT, IF ANY, ARE THE MONETARY SAVINGS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

5. WHAT, IF ANY, ARE THE INTANGIBLE BENEFITS?

6. SUPERVISOR		
a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>

SECTION IV - SUGGESTION ACKNOWLEDGMENT

1. SUGGESTION NUMBER	2. SUBJECT OF SUGGESTION
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3. ACKNOWLEDGMENT. Thank you for your suggestion. It has been assigned the above suggestion number. Careful consideration will be given your suggestion and you will be kept advised as to action taken. Your interest in presenting this idea is appreciated.	a. SIGNATURE OF EXECUTIVE SECRETARY, INCENTIVE AWARDS BOARD	b. DATE SIGNED <i>(YYYYMMDD)</i>
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4. RETURN TO: *(Please print your name and home address in the space provided below, keeping within the printed corner marks.)*

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HOW YOUR SUGGESTION IS HANDLED

1. Your suggestion is sent to the Executive Secretary of the Incentive Awards Board, or for coordination with your supervisor, if appropriate.
2. It is first evaluated by the cognizant operating activity as to feasibility for adoption or rejection.
3. It then receives consideration by the Incentive Awards Board.
4. You are then notified of its:
 - (a) Adoption - an award is presented; or
 - (b) Rejection - with an explanation of reasons for rejection.

The evaluation and processing of your suggestion takes considerable time.