

# State Employee Suggestion Program

## Suggestion Form

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Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Please describe your suggestion completely with as much detail as possible. Explain what the present practice is, and the change that you suggest. Additional pages can be added for more explanation, also feel free to attach other explanatory material, if needed, such as sample forms, diagrams, or sketches.

This suggestion will affect the following agency: \_\_\_\_\_

The present practice, method, or condition is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following suggestion is offered as a solution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The implementation of this suggestion will result in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated savings for one year: \_\_\_\_\_

*I hereby agree that the above suggestion will become the property of the State of West Virginia:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed suggestion to:

*Employee Suggestion Award Board  
Building 1, Room W-314  
State Capitol Complex  
Charleston, WV 25305*