

State of Illinois
State Employees Suggestion Award Board

EMPLOYEE SUGGESTION

Suggestion Number	Subject or Suggestion (10 words or less)
1. Current practice or procedural problem:	
<i>(Continue on additional sheets as needed)</i>	
2. Your suggestion for solution or improvement:	
<i>(Continue on additional sheets as needed)</i>	
3. Benefits and/or savings if your suggestion is implemented: (be specific)	
<i>(Continue on additional sheets as needed)</i>	

Suggestion Number	Subject or Suggestion (10 words or less)	
Employee Name		Agency, Department, Office
Home Address	Position Title	Work Address
City, State, ZIP	Working Title	City, State, ZIP

WAIVER AND SIGNATURE The use of my suggestion by the State of Illinois or any of its agents shall not form the basis of any further claim against the State of Illinois by me, my heirs, or assigns. I further attest that this suggestion is mine alone and that it does not constitute a solution to a procedure or problem for which I was paid to solve as part of my employment.

Signature (written)	Date
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Submit suggestion to: State Employees Suggestion Award Board Room 501 Stratton Office Building Springfield, IL 62706