State of Illinois
State Government Suggestion Award Board

SUGGESTION

Office Use	Subject or Suggestion (10 words or less)

1. Current practice or procedural problem:

2. Your suggestion for solution or improvement:

3. Benefits and/or savings if your suggestion is implemented: (be specific)

Name	
Home Address	
City, State, ZIP	Phone Number (###) ###-####
E-Mail Address:	

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

Submit suggestion to: State Government Suggestion Award Board Room 505 Stratton Office Building Springfield, IL 62706 or email to: cindy.dixon@illinois.gov

SGSAB 01/08

Submit by Email

Print Form