

EMPLOYEE SUGGESTION EVALUATION
(To be completed by affected Department Director)

Employee's Name Submitting Suggestion

Employee's Home Department

Date Sent to Department for Evaluation

Date Due to Human Resources

Date Received in Human Resources:

1. Will this suggestion improve your processes, programs, services or safety and/or generate savings/revenues in your department? How?

2. Is this suggestion relevant to the SVMC Strategic Plan and goals? Why or why not?

3. Is this suggestion feasible? Why or why not?

Director's Signature

Date