

EMPLOYEE SUGGESTION FORM

Idea Submitted By:	Employee's Home Department:
Employee's Contact Phone#/Ext.#:	Date Submitted to Human Resources:

1. Identified Problem: (Please be specific in your description. Must include what departments and/or processes are involved and would be impacted, etc.)

2. Proposed Idea/Suggestion: (Must enhance the efficiency and effectiveness of SVMC through increased productivity/revenues, reduced costs, improved and safer working conditions, conserve resources or improve customer service.) Additional pages may be attached.

3. Please explain how your suggestion would benefit SVMC, and how it supports the SVMC Mission, Vision and Values.

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.
YOUR SUGGESTION WILL BE EVALUATED, AND YOU WILL BE NOTIFIED OF THE
DECISION UPON COMPLETION OF THE PROCESS.

THANK YOU FOR YOUR PARTICIPATION IN THE EMPLOYEE SUGGESTION
PROGRAM. YOUR INPUT IS EXTREMELY VALUABLE TO THE FUTURE SUCCESS OF
SVMC!