



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES

Office of Personnel Management

Employee Suggestion Evaluator Form

Evaluator's Name: _____

Agency _____

Results of evaluation including details, work sheets, and papers used to accept or reject:
Suggestion: _____

If this Suggestion is not feasible at this time, will it be within 24 months of this date? _____

Will this suggestion save or avoid expenditures? _____

☐ Yes

☐ No

How much? _____

Does this suggestion have value other than monetary? _____

☐ Yes

☐ No

If yes, explain: _____

Will the agency use this suggestion in a modified form? _____

☐ Yes

☐ No

If yes, explain: _____

Evaluator's Signature

Date

Agency Director's Signature

Date