



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? If yes, explain.

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

Department Secretary's Signature

Date