Department of Shared Administrative Services
Office of Personnel Management

Employee Suggestion Form

Note: Arkansas Code Annotated § 21-11-101 establishes the employee suggestion system that is available to all full-time state employees of all departments, agencies, boards, commissions, or other agencies of the state supported by appropriation of state or federal funds.

Mail Form to:	**Do Not Write in This Space**
Office of Personnel Management Employee Suggestion System 501 Woodlane, Suite 205 Little Rock, AR 72201	Employee Suggestion Number _____ ☐ **Accepted** ☐ **Denied**

Please type or print your suggestion. Be sure to supply all information requested. You may attach additional sheets and examples if needed. Read Instructions carefully and completely.

What is the Problem as you see it?

What is your Suggestion?

How will your Suggestion improve the present situation or benefit the agency or state? Be specific - if money will be saved, State how much and show how you figured the savings. Attach additional information if needed.

CONFIDENTIAL

For OPM Use Only

To Be Completed And Signed By Each Employee

Employee Name	Personnel Number		
Agency/Institution	Unit/Division		
Work Address	City	State	Work Phone
Home Address	City	State	Home Phone
Supervisor's Name			

I certify that I am a full-time employee of the State of Arkansas. I have read the **eligibility requirements and policy** and agree that the state shall have the right to make use of my suggestion. I further understand that my name will not be released as it pertains to my suggestion unless the suggestion is adopted.

Signature	Date

Please complete and return this page with your Suggestion.