



Department of Shared Administrative 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