

# State Employee Incentive Program Employee Suggestion Form

FOR COORDINATOR USE

Suggestion No. \_\_\_\_\_

Date agency received \_\_\_\_\_

Date TIPC received \_\_\_\_\_

**THE PROBLEM OR CURRENT PROCEDURE IS:** *(Provide a summary statement here. Attach additional pages if needed.)*

**I (WE) SUGGEST THAT:** *(Provide a summary statement here. Attach additional pages if needed.)*

**I (WE) BELIEVE THIS IDEA WILL:**  Improve Service    Improve Processes    Improve Quality    Enhance Safety  
 Increase Productivity    Increase Revenue    Reduce Costs  
*(Specifically describe the benefits you checked and explain why the suggestion is an improvement.)*

**AGENCY/UNIVERSITY/COURT(S) AFFECTED:**

<b>FULL NAME</b> (Name of contact person if group submission)	<b>JOB TITLE</b>	<b>SOCIAL SECURITY NUMBER</b> <small>(For TIPC internal use only)</small>
<input type="checkbox"/> Check if this is a group submission. Attach a typed list of co-suggesters with signatures, addresses, & SSNs.		<input type="checkbox"/> Check if you wish to remain <u>anonymous</u> to the evaluator(s) of your suggestion.
<b>AGENCY/UNIVERSITY/COURT - NAME AND MAILING ADDRESS</b>	<b>HOME ADDRESS</b>	
	<b>OFFICE TELEPHONE</b>	
<b>SIGNATURE REQUIRED</b> (Your signature indicates agreement with the terms and conditions listed on the back of this form.)		<b>DATE</b>
<b>X</b>		
<b>SUPERVISOR'S NAME and TITLE</b> (for recognition purposes)		

**Return this form to your agency's SEIP Coordinator.**

QUESTIONS? Call the Texas Incentive and Productivity Commission at 512-475-2393