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EMPLOYEE SUGGESTION FORM

Name:	Date:
Site Location/Department:	Client:
Position:	Received By:
	CONCERN
	estion, including how it improves your job, the job of others, value to the dressed. (Lost time, misuse of materials, loss of revenue, return of goods, inefficiency, morals etc)
	RESOURCES NEEDED
	help to support your suggestion? For example; Labour needed, materials equipment needed, other resources needed.
necucu, c	Adipment necucu, other resources necucu.
	DESIRED BENEFIT
Please exp	plain the anticipated benefit to the company.
Employee Signature	Date

■ PROJECT LABOUR MANAGEMENT ■ ON-CALL LABOUR HIRE ■ RECRUITMENT ■ TRAINING ■ INDUCTION SERVICES

MANAGEMENT USE ONLY

Supervisor/Managers Name:	Title	tle:		
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Date Received:	Foll	llow Up Date:		
Please explain pr	ros and cons o	of suggestions made		
r rease explain pr	os ana cons o	or suggestions made		
Is this suggestion cost effic	ient and relat	ated to the company's mission?		
Suggestion	nriority (1 = 1	= Low 5 = High)		
1 2		4 5		
A	action to be ta	taken		
Supervisor/Managers Signature _		Date		
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