

STATE OF WEST VIRGINIA
Employee Suggestion Program – Suggestion Form

Have you attached additional pages?

Yes

No

Name	Email
Address	Home Telephone
	Other Telephone
Department	Job Title
Agency	Work Telephone
Describe your suggestion completely with as much detail as possible. Explain what the present practice is and the change(s) you are suggesting. Additional pages can be added for more explanation, and you may include other explanatory material such as sample forms, diagrams, or sketches.	
This suggestion will affect the following agency/agencies:	
The present practice, method, or condition is:	
The following suggestion is offered as a solution:	
The implementation of this suggestion will result in:	
I estimate the savings for one year to be:	
I hereby agree that the above suggestion will become the property of the State of West Virginia.	
Signature	Date

This form can be completed, saved, and edited using the free Adobe Acrobat Reader

Send completed form to: Employee Suggestion Award Board, State Capitol, Building 1, Room W-314, Charleston, WV 25305