



# GOT AN IDEA?

NAME:

DATE:

Please provide a brief summary of your question(s) or idea:

**I believe this can:** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Improve Productivity/Quality | <input type="checkbox"/> Improve Methods/Procedures |
| <input type="checkbox"/> Increase Revenue             | <input type="checkbox"/> Save Costs                 |
| <input type="checkbox"/> Improve Customer Service     | <input type="checkbox"/> Other: _____               |

**Explain how your idea will benefit our organization:**

EMPLOYEE NAME (optional): \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_