

EIS

Employee Innovation System

RETURN TO: THE CITADEL – HUMAN RESOURCES
171 MOULTRIE STREET
CHARLESTON, SC 29409
ATTN: TRAINING & DEVELOPMENT COORD.

FOR OFFICIAL USE ONLY:

Date Received: _____

Time Received: _____

Suggestion No.: _____

Received By: _____

Name: _____ SSN: _____

Agency: _____ Job Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Do you prefer your suggestion remain confidential through the processing period? Yes No

(Adopted suggestions will become public information)

INSTRUCTIONS

1. Answer all questions on the reverse side.
2. Type or print with ink.
3. Use the back of this form and/or attach additional pages and drawings if necessary.
4. Sufficient evidence and documentation should be submitted to support your suggestion. Include computations, cost comparisons, reasonings and facts to convince evaluators that your suggestion should be adopted.
5. Use a separate form for each suggestion.
6. If you need assistance, ask your supervisor or contact Amy Sitton at 953-6709.
7. Sign and date your suggestion form.
8. Send your suggestion(s) to: ADDRESS IN HEADER ABOVE.

Notice: The policy and procedures of the State of South Carolina Employee Innovation System are herewith incorporated by reference and made part of this form as if repeated word for word. This suggestion is deemed active for one year from closing date.

I have read the policy, and I agree:

1. That the head of the adopting agency shall have the exclusive right to determine the amount of the award;
2. To be bound by the State of South Carolina Employee Innovation System Policy.
3. My idea shall become the exclusive property of the State of South Carolina at the time that it is submitted; and
4. I hereby assign any and all my rights to my idea to the State of South Carolina in accordance with the policy of the State of South Carolina Employee Innovation System.

Signature

Date

Please Print Name and Business Address Below

Name: _____ Agency: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Suggestion Number (Official Use Only): _____

1. What is the subject of your suggestion?

2. What is the present condition or procedure?

3. What is your suggestion for improvement? Be specific – describe the improvement and state how the change can be made.

4. How will your suggested change improve the present situation or benefit the agency or the State? If your suggestion will save money, show calculation of savings to the extent possible.

Your suggestion should be able to: improve methods, procedures, and morale; eliminate duplication of work and bottlenecks; reduce cost waste, errors and injuries; increase production, efficiency and services; save time, effort and money.*

**Savings on time cannot be calculated unless it eliminates the need for overtime or temporary help.*

If you have the authority to implement your suggestion, the suggestion will be considered ineligible.

Date: _____

This acknowledges receipt of your suggestion.

You suggestion identification number is: _____

Your suggestion will be sent to the appropriate personnel for review and evaluation. Please allow 30 calendar days for review. If more time is needed, you will be notified. Thank you for your interest in the Employee Innovation System.

Suggestion Topic:

Your suggestion has been ruled ineligible due to one or more of the following reasons:

- _____ Duplicate suggestions that have previously been submitted;
- _____ Matters already under consideration, review or study;
- _____ Matters that are the result of assigned or contracted audits, studies, surveys, review or research;
- _____ Other