SUGGESTION EVALUATION									1. DAT	E (YYYYMMDD)
2. TO: (Use complete address)										
3. SUGGESTION TITLE									4. SUG	GESTION NUMBER
 5. ACTION TAKEN OR RECOMMENDED (Check pertinent box and furnish necessary information in Item 9. "Remarks".) a. NOT RECOMMENDED FOR ADOPTION (Give reasons in Item 9) 										
		(Explain origin of action in Item 9. Include also whether or not this suggestion, partially or totally, contributed to the action. If Yes, complete all other items.)							tially or totally,	
 d. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE (Complete all other items and forward to Incentive Awards Board in accordance with Administrative Instruction No. 29) e. APPROVED FOR ADOPTION (Complete all other items) 										
e. APPROVED (1) TOTALLY							NDATORY OR OPTIONAL USE			
	(1) TOTALLY (2) PARTIALLY (3) DATE OF (Explain) (3) DATE OF (YYYYM) (3) DATE OF				D OF ADOPTION			(5) MANDATORY OR OPHONAL USE		
6. INTANGIBLE BENEFITS (Non-measurable) SUGGESTION IMPROVES										
QUALITY	EFFICIENCY TIMELINESS DAILY OPERATIONS SERVICE OTHER (Explain in Item 9)									n Item 9)
7. TANGIBLE BENEFITS. (First year tangible benefits will be calculated if at all possible. Use table below or, if inapplicable, give a detailed breakdown of benefits under Item 9, "Remarks". Use additional pages, if required.)										
a. FACTORS		(1) LABOR			(2) MATERIA			L		(3) TOTAL COST
	MAN-HOURS COST PER		TOTAL		NUMBER COST PER		OST PER	тот	TOTAL OF LABOR	
	INVOLVED	MAN-HOUR	CO	ST	OF UNITS		UNIT	CO	ST	AND MATERIAL
FORMER METHOD	MER METHOD									\$
NEW METHOD								\$		
								al dollar i		\$
(1) MAN-HOURS		\$		c. TOTAL FIRST YEAR NET DOLLAR BENEFITS less cost of conversion)				(Labor and	material	
(2) MATERIALS AND	\$, , , , , , , , , , , , , , , , , , ,					ACTUAL		
	\$		\$					ESTIMATED		
8. AWARD a. CASH \$					b. CERTIFICATE					
9. REMARKS (Us	e this space for all	contributory comm	nents includii	ng descripti	on of old or new m	ethod i	f different fr	rom that deso	cribed on th	e suggestion)
10. EVALUATOR										
a. SIGNATURE			b. TITLE		c. ORGANIZATION				d. TELEP	HONE NUMBER
								(Include Area Code)		
11. REVIEWER					1					
a. SIGNATURE			b. TITLE		c. ORGANIZA			ZATION		