DEPARTMENT OF TRANSPORTATION

EMPLOYEE SUGGESTION

SEND TO:

Your Immediate Supervisor

or

Employee Suggestion Coordinator

(DO NOT USE THIS PART)

DATE RECEIVED

REFERRED TO	DATE

DATE OF ACTION

☐ ACCEPTED ☐ REJECTED

DATE TO BE IMPLEMENTED

☐ INTANGIBLE ☐ TANGIBLE

AMOUNT OF AWARD

TANGIBLE BENEFITS

REMEMBER!

- Think out your suggestion throughly--present it carefully and fully
- Be sure it directly improves operations, or results in savings of time or money
- Talk it over with your Supervisor--he/she will help you
- To be eligible for an award, a suggestion must be adopted and put into effect by management.

Some types of suggestion should be handled through administrative channels and are not eligible for processing in the Suggestion Program.

DO NOT SUBMIT

- Proposals pertaining to employee benefits, services, or working conditions.
- Proposals for routine maintenance of buildings and grounds
- Complaints or grievances
- Proposals for procurement
- Vaguely stated problems with no suggested solution
- Suggestions concerning obvious clerical errors
- Proposals concerning routine safety practices

SUGGESTER--Complete all numbered Items in Parts I, II, III and IV

DEPARTMENT OF TRANSPORTATION **SUGGESTION ACKNOWLEDGMENT** Part 1--Complete Items 1 and 2	SUGGESTION NO. *(Do not use)* 1. SUGGESTION TITLE
2. SUGGESTER *(Type or print your name and address)* If home address, give street, city, State and ZIP code	*FOR EMPLOYEE SUGGESTION COORDINATOR'S USE* This acknowledges receipt of your suggestion. You will be notified when action is completed. Signature--Employee Suggestion Coordinator Date of acknowledgment

Form DOT F 3400.1 (11-93)

DEPARTMENT OF TRANSPORTATION **SUGGESTER IDENTIFICATION** **Part II--Complete Items 1 through 11** **SEND TO:** ROUTING SYMBOL Your Immediate Supervisor or the Employee Suggestion Coordinator		1. DATE SUBMITTED	SUGGESTION NO. *(Do not use)* 2. SUGGESTION TITLE
3. SUGGESTER *(Type or print name--last, first, MI)*		4. SEND COMMUNICATIONS TO *(Office or Home address)*	
5. POSITION TITLE	6. GRADE *(or Salary)*		
7. ORGANIZATION UNIT	8. OFFICE PHONE *(Code and Ext.)*	9. NAME OF SUPERVISOR	
10. DO YOU DESIRE YOUR SUGGESTION TO BE PROCESSED ANONYMOUSLY?		☐ Yes	☐ No
11. CERTIFICATION--I hereby agree that the use of this suggestion by the United States shall not form the basis for a claim of any nature upon the United States by me, my heirs, or assigns		SIGNATURE OF EMPLOYEE	

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DEPARTMENT OF TRANSPORTATION **SUBJECT FILE COPY** **Part III--Complete Item 1 Only**	SUGGESTION NO. *(Do not use)* 1. SUGGESTION TITLE
ALTERNATE TITLES	

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Part IV--Complete Items 1, 2, and 3

DEPARTMENT OF TRANSPORTATION	1. DATE SUBMITTED	SUGGESTION NO. *(Do not use)*
	2. SUGGESTION TITLE	

3. The suggestion

A. PROBLEM:

B. PROPOSED SOLUTION: