



Department of Transformation and Shared Services  
Office of Personnel Management  
Employee Suggestion Form

**Note:** Arkansas Code Annotated § 21-11-101 establishes the employee suggestion system that is available to all full-time state employees of all departments, agencies, boards, commissions, or other agencies of the state supported by appropriation of state or federal funds.

<b>Mail Form to:</b> Office of Personnel Management Employee Suggestion System 501 Woodlane, Suite 205 Little Rock, AR 72201	<b>Do Not Write in This Space</b>  Employee Suggestion Number _____  <input type="checkbox"/> <b>Accepted</b> <input type="checkbox"/> <b>Denied</b>
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**Please type or print your suggestion. Be sure to supply all information requested. You may attach additional sheets and examples if needed. Read Instructions carefully and completely.**

What is the Problem as you see it?

What is your Suggestion?

How will your Suggestion improve the present situation or benefit the agency or state? Be specific - if money will be saved, State how much and show how you figured the savings. Attach additional information if needed.

# CONFIDENTIAL

## For OPM Use Only

To Be Completed And Signed By Each Employee

Employee Name	Personnel Number		
Agency/Institution	Unit/Division		
Work Address	City	State	Work Phone
Home Address	City	State	Home Phone
Supervisor's Name			

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I certify that I am a full-time employee of the State of Arkansas. I have read the **eligibility requirements and policy** and agree that the state shall have the right to make use of my suggestion. I further understand that my name will not be released as it pertains to my suggestion unless the suggestion is adopted.

Signature	Date
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Please complete and return this page with your Suggestion.