



EMPLOYEE SUGGESTION AWARD PROGRAM

GROUP SUGGESTION FORM

The amount of an award for a suggestion made by a group of employees shall be determined on the same basis as if the suggestion had been submitted by one employee, and the amount awarded shall be divided equally among those employees making the suggestion. Members of the group shall be identified by name at the time the suggestion is submitted. Employees who do not know the name of their Agency Coordinator should contact the Human Resources office for their agency or visit <http://tn.gov/hr/topic/employee-suggestion-program>.

Employee Information

| | | |
|-----------------------|--------------------|-------------------|
| | | Agency Tracking # |
| Name of Suggestor(s) | Employee ID | |
| Agency Name | Job Classification | |
| Work Address | City, State, Zip | |
| E-mail Address | Telephone Number | |
| Suggestor's Signature | Date | |

Employee Information

| | | |
|-----------------------|--------------------|-------------------|
| | | Agency Tracking # |
| Name of Suggestor(s) | Employee ID | |
| Agency Name | Job Classification | |
| Work Address | City, State, Zip | |
| E-mail Address | Telephone Number | |
| Suggestor's Signature | Date | |

Employee Information

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| | | Agency Tracking # |
| Name of Suggestor(s) | Employee ID | |
| Agency Name | Job Classification | |
| Work Address | City, State, Zip | |
| E-mail Address | Telephone Number | |
| Suggestor's Signature | Date | |