## GDC EMPLOYEE SUGGESTION/IDEA FORM

NOTE: This form may be submitted <u>electronically to GroupWise address: Suggestion\_Program</u>, OR mailed to the <u>GDC Suggestion Coordinator in Central Personnel Administration</u>, <u>2 MLK Jr. Drive</u>, <u>Suite 770 - East Tower</u>, <u>Atlanta</u>, <u>GA 30334</u>. Incomplete forms will be returned. Refer to GDC SOP IVO21-0003, Employees' Suggestion Program for more information.

My Suggestion/Idea will affect (check one):			
One Facility/Ce	nter/Office One Division		Entire Department
SUBJECT TITLE (few words):			
DESCRIBE THE WAY IT IS NOW			
DESCRIPTION OF THE WAY IT SHOULD BE (OR IDEA)			
DESCRIBE BENEFITS TO GDC (increased efficiency, reduced costs, etc.)			
This suggestion is submitted for consideration under the terms and conditions of the Employees' Suggestion Program as set forth in GDC SOP IVO21-0003. I/we have read this procedure and agree that the Department of Corrections shall have the right to make full or partial use of my/our suggestion.			
Date Submitted:	EMPLOYEE(s) NAME(s): (OPTIONAL)		Daytime Telephone #:

Retention Schedule: Retain for one year following review/closure by the GDC Suggestion Coordinator.