



**STATE OF ALABAMA  
EMPLOYEES' SUGGESTION INCENTIVE PROGRAM**

**Submit to:**  
Employees' Suggestion Incentive Board  
64 N. Union Street, Suite 300  
Montgomery, AL 36130

<b>Employee Name:</b>	<b>Address:</b>
<b>Email Address:</b>	<b>Telephone Number:</b>
<b>Employing Agency:</b>	<b>Job Title:</b>
<b>Department or Agency Head:</b>	<b>Date:</b>

**SUMMARY OF PROBLEM:**

**SUMMARY OF SOLUTION:**

<b>AGENCY EVALUATION:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
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**Comments (please include estimated cost savings):**

<b>Signature</b>	<b>Date:</b>
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<b>EMPLOYEES' SUGGESTION INCENTIVE BOARD EVALUATION:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
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**Comments:**

<b>Signature</b>	<b>Date:</b>
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