



Opportunities & suggestions

Employee Information			
Employee Name:		Employee ID:	
Job Title:		Date:	
Department:			
Manager's name:			
Suggestion Scheme Guidelines/Notes			
Enter any guidelines or notes that you wish to communicate, here.			
Suggestion			
Briefly describe your suggestion here			
Impact if suggestion is implemented (optional)			
Please add details about the impact that your suggestion would have, if implemented, here			
Employee Signature		Date	

PRODUCT

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 Compensation
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 Opportunities & suggestions

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