

**Rhode Island Public Transit Authority
Employee Suggestion Program**

Suggestion # _____ (Office Use Only)

(This portion of form will not be shared with Suggestion Committee)

Employee Name (Please Print): _____ **Payroll Number:** _____

Position: _____ **Department:** _____

Employee Signature: _____ **Date Submitted:** _____

Suggested Improvement in the _____ Department/s or Areas:

This suggestion will have a positive impact in the following area/s: **(Please check appropriate boxes)**

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Accident Prevention | <input type="checkbox"/> Safety | <input type="checkbox"/> Customer Satisfaction |
| <input type="checkbox"/> Employee Retention | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Route Times | <input type="checkbox"/> Cost Savings |
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Program Improvement | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Process Improvement |
| <input type="checkbox"/> Employee Benefit Improvement | <input type="checkbox"/> Policy Change/Improvement | <input type="checkbox"/> Other | |

Employee Suggestion: (Please attach additional page/s if necessary)

Current Process/Problem:

Suggested Change/Improvement/Idea:

Expected Results:
