



## **Servis Facilities Limited Employee Suggestion Program**

A program of the Department of Human Resource Management

### **What is ESP?**

The Employee Suggestion Program (ESP) is a program that provides employees with an opportunity to provide their thoughts and opinions on changes they feel will benefit the company. It is a chance for employees to express creative ideas to further company progress.

### **Who can participate?**

Only full-time, part-time, or wage/hourly employees of Servis Facilities Limited may submit suggestions.

### **How do I submit a suggestion?**

Read the Eligibility Requirements and Rules, then complete the ESP Suggestion Form and send it in as directed.

### **Whom may I contact for questions on the ESP program?**

You may contact the Department of Human Resource Management for questions regarding the program. Information is also available in the HR Policy.

### **Eligibility Requirements**

**Suggestions are eligible if they:**

- Propose practical improvements to some part of the company
- Are submitted timely
- Tells specifically what the improvement is and how it can be made
- Are submitted by:
  - an individual employee or
  - a group of employees submitting the suggestion together and using the same form. (The names of all employees submitting the suggestion should be attached to the form.)

**Suggestions are not eligible if they:**

- Are within the employee's authority or responsibility to implement
- Concern matters already under consideration
- Concern personal grievances or complaints
- Concern policies or procedures that are not being followed or that are not being applied properly

### **ESP Information**

- Suggestions remain valid for one year from their submission.
- Decisions made by the Employee Suggestion Program are final. However, if new or additional information is presented, a decision will be reviewed.
- The company retains the right to terminate or change the Employee Suggestion Program at any time.
- The use of employee suggestions by Servis Facilities Limited shall not be the basis of further claims of any kind by any of the parties taking part in this ESP.
- Other requirements and rules are contained in the Employee Suggestion Program Procedures Manual, which is available from your ESP Coordinator.

**Fields that are marked with an asterisk are required. \***

\*First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

\*Last Name \_\_\_\_\_

Position \_\_\_\_\_

Current Project \_\_\_\_\_

Work or Home Address \_\_\_\_\_

Post Code \_\_\_\_\_

\*Daytime Telephone \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

**My suggestion will (tick as appropriate):**

\_\_\_ Make operations more efficient or effective

\_\_\_ Increase Revenue

\_\_\_ Improve Safety

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_

**1. Describe the present situation, condition, method, or procedure to be improved. Please be specific. Attach page if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What is your suggestion? Be specific – describe the improvement and tell how it can be made. Attach pages if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How will your suggestion improve the present situation or benefit the company? Attach pages if needed.**

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**4. Please state any other changes and/or information you wish to be included in this suggestion form. Attach pages if needed.**

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**Is this suggestion being made by more than one employee? If so, attach names.**

By submitting this form, I certify that I am employed by Servis Facilities Limited. I have read the eligibility requirements and rules as stated on this form, and I agree that the company shall have the right to make full use of my suggestion.

**Name:**

**Date:**

Submit this suggestion by sending it to:

**Servis Facilities Limited**  
Employee Suggestion Program  
Department of Human Resource Management  
Unit 207 Grangewood House  
43 Oakwood Hill,  
Loughton,  
England,  
IG10 3TZ

or by e-mail:

**Info@serviss.co.uk**



**For Management Use Only:**

Supervisor Name and Title: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow Up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments regarding the employee suggestion:

\_\_\_\_\_

\_\_\_\_\_

Perceived benefit to company:

\_\_\_\_\_

\_\_\_\_\_

Cost to company:

\_\_\_\_\_

\_\_\_\_\_

Please explain in detail how this suggestion fits the company's overall mission statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestion Priority (1 = Low, 5 = High) 1 2 3 4 5

Action to be taken:

\_\_\_\_\_

Suggested employee reward:

\_\_\_\_\_

\_\_\_\_\_

**Signature of Supervisor**

**Date:** \_\_\_\_\_