



For MoRE Coordinator's Use
Suggestion #

Missouri Relies on Everyone State Employee Suggestion Form

To process your suggestion, all information must be provided.

Name _____

Department _____ Division _____

Section _____ E-Mail _____

Work Address (include street address, city and zip code) _____

Daytime Telephone Number _____

This is a suggestion to: (check only one):

- ☐ Improve customer service
- ☐ Reduce cost and/or generate revenue
- ☐ Improve a process or processes

DESCRIPTION:

What is the current problem or situation as you see it? (Briefly describe the present condition, method or practice)

What is your suggestion and how will it improve the situation you described?

Continue to Page 2

Your suggestion must include information on the following:

For each item, you must indicate either YES or NO

ORIGINALITY:

YES NO

Is this a new idea?

☐ ☐

Is this your idea?

☐ ☐

Is this idea currently being planned or implemented in the state?

☐ ☐

Has this suggestion been piloted or tested?

☐ ☐

If you indicated **YES**, what were the results? If **NO**, how would you test your suggestion to verify your intended results?

TRANSFERABILITY:

YES NO

Is this suggestion relevant to your department only?

☐ ☐

If NO, which other department(s) could benefit from your suggestion?

Please use the space below to provide any additional information regarding the benefits other agencies could receive if your suggestion was implemented.

CONSERVATION of RESOURCES:

YES NO

Will your suggestion save money?

☐ ☐

Have you estimated the cost of implementing your suggestion?

☐ ☐

Will your suggestion help the state to better serve its constituents?

☐ ☐

If applicable, have you estimated the amount of possible revenue your suggestion could generate if implemented?

☐ ☐

If you answered YES to any of these questions, please provide specific information on money saved, revenue generated and/or implementation cost in the area provided on the next page.

CONSERVATION of RESOURCES – Additional Information Section

ADDITIONAL COMMENTS:

In the space below, please provide any additional comments or information that could assist in the evaluation of this suggestion. Also remember that the Suggestion Review Team will award points towards a potential monetary recognition based on the information you provide. Consider what additional information, if any might be helpful to the Review Team in making their decision.

When you click SUBMIT, this form will be forwarded electronically to:

The MoRE Program
Office of Administration
Division of Personnel
Planning and Development Section
Room 430, Truman State Office Building□
Jefferson City, MO 65101

All submitted suggestions are subject to the [Sunshine Law](#) .

SEND

If you have questions or comments about the MoRE Program feel free to contact:

Phone: 573.751.5990

E-Mail: MORE@oa.mo.gov

Fax: 573.751.8641