

**LEAN MANUFACTURING  
SUGGESTION FORM**

**LWG USE ONLY**

**TITLE:** \_\_\_\_\_ **SERIAL No.:** \_\_\_\_\_

**EMPLOYEE, COMPLETE THE FOLLOWING INFORMATION**

Please complete form, place in an OFI Suggestion Box or give directly to a member of the Lean Working group. For additional information or assistance completing this form, please call CMSD ext. 260 or 531.

**SUBMITTED BY:** \_\_\_\_\_ **BADGE No.** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_ **DEPT No.:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**In accordance with instruction LGW-002, Lean Employee Awards Program (LEAP) you are entitled to receive either a coffee cup or T-shirt for submitting a worthwhile suggestion. Please indicate which item you would like to receive.**

**COFFEE CUP**       **- OR - T-SHIRT: COLOR: BLUE**  **TAN**   
**SIZE: MEDIUM**  **LARGE**  **XLARGE**  **XXLARGE**

**DESCRIBE SUGGESTION:**