



National
Aeronautics and
Space
Administration

Suggestion

NOTE.-- Please refer to instructions on reverse before completing.

| | | |
|------------------|-------------|---------------|
| SUGGESTER'S NAME | OFFICE CODE | TELEPHONE NO. |
|------------------|-------------|---------------|

| | |
|-----------------------|-----------------------|
| INSTALLATION/FACILITY | BUILDING AND ROOM NO. |
|-----------------------|-----------------------|

| | |
|----------------|-------|
| POSITION TITLE | GRADE |
|----------------|-------|

NAME OF SUGGESTER MAY BE MADE KNOWN: YES NO

THE ACCEPTANCE OF A CASH AWARD FOR THIS SUGGESTION SHALL CONSTITUTE AN AGREEMENT THAT ITS USE BY THE UNITED STATES SHALL NOT FORM THE BASIS OF A FURTHER CLAIM OF ANY NATURE UPON THE GOVERNMENT BY ME, MY HEIRS OR ASSIGNS.

| | |
|-----------------------|------|
| SUGGESTER'S SIGNATURE | DATE |
|-----------------------|------|

SUBJECT/DESCRIPTION OF SUGGESTION

PRESENT METHOD OR CONDITION *(Continue on separate sheet if necessary)*

SUGGESTION *(Describe specific recommendation and manner in which it should be implemented. Also, describe benefits and estimate savings which might be derived. Continue on separate sheet and attach pictures, forms, drawings, etc., if necessary.)*

LOCATION WHERE SUGGESTION IS TO BE APPLIED

PERSONNEL USE ONLY

| | |
|--|-------------|
| TYPE <i>(Check)</i> <input type="checkbox"/> GROUP <input type="checkbox"/> INDIVIDUAL | CONTROL NO. |
|--|-------------|

| | |
|--------------------------|-------------------|
| TYPED NAME AND SIGNATURE | DATE ACKNOWLEDGED |
|--------------------------|-------------------|