EMPLOYEE SUGGESTION AWARDS PROGRAM
CITY OF HOT SPRINGS, ARKANSAS

CITY SERVICES IMPROVEMENT SUGGESTION

Describe below the suggestion you have to offer and how you believe it will improve services provided to our citizens. Try to be as specific as possible and feel free to attach additional pages if necessary. Once completed, drop the form off at the City Manager's Office; mail to P.O. Box 700, Hot Springs, AR 71902; or e-mail to kmyers@cityhs.net.

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Employee:
Department:
Date:

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COST SAVINGS SUGGESTION

Describe below the specific way cost savings can be realized if your suggestion is fully implemented. Also, provide an estimate on annual cost savings if available. Try to be as specific as possible and feel free to attach additional pages if necessary. Once completed, drop the form off at the City Manager's Office; mail to P.O. Box 700, Hot Springs, AR 71902; or e-mail to kmyers@cityhs.net.

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