



Employee:

Department:

Date:

Shining Idea:

Benefits of Your Idea:

**Performance Driver for Submission:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Human Resource     | <input type="checkbox"/> Performance Improvement | <input type="checkbox"/> Financial Improvement |
| <input type="checkbox"/> Service Excellence | <input type="checkbox"/> Technology              | <input type="checkbox"/> Sustained Growth      |

**Forward your shining idea to your department manager.**

**Department Manager**

- Shining idea aligns with one or more of the performance drivers.
- Forward shining idea to Quality Department.
- Notify employee of idea status.

Department Manager Signature \_\_\_\_\_