

ARMY IDEAS FOR EXCELLENCE PROGRAM (AIEP) PROPOSAL

For use of this form, see AR 5-17, the proponent agency is OCSA
 (See Privacy Act Statement and Instructions on Reverse. DO NOT FORWARD TOP PORTION TO EVALUATOR.)

1. Suggester Information

a. NAME OF SUGGESTER (<i>Last, First, MI</i>)	b. SSN	c. GRADE
d. POSITION	e. TITLE	
f. INSTALLATION OR ACTIVITY (<i>Complete office address</i>)		g. OFFICE TELEPHONE (<i>AV and Commercial</i>)
h. HOME ADDRESS (<i>If you prefer to have communications on the suggestion sent to that address</i>)	i. SUGGESTER'S STATUS <input type="checkbox"/> Direct Hire Civilian <input type="checkbox"/> Active Military <input type="checkbox"/> Indirect-Hire Local National <input type="checkbox"/> Other (<i>Specify</i>)	

2. I, the suggester, acknowledge the following:

<p><i>The acceptance by me of a cash award or other form of recognition for this suggestion shall constitute an agreement that the use of the suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.</i></p>	a. SIGNATURE OF SUGGESTER
	b. DATE

3. Suggestion Information

a. SUBJECT OF SUGGESTION	b. PRESCRIBING DIRECTIVE AND DATE (<i>if applicable</i>)	c. SUGGESTION NO.
d. DESCRIBE CURRENT PROCEDURE (<i>If more space is needed, continue on a separate sheet.</i>)		
e. DESCRIBE PROPOSED PROCEDURE		
f. BENEFITS IF ADOPTED		

4. Program Coordinator Acknowledgment

<p>Thank you for your suggestion. It has been assigned a number (<i>shown in block 5c above</i>). Your suggestion will be given careful consideration and you will be kept advised as to action taken.</p>	a. SIGNATURE	b. DATE
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