

## Employee - Suggested Change of Improvement Form

<b>Change Requested By</b>		<b>Date Requested</b>	
<b>Contact Details</b>			

### Change Request Details

<b>Area Of Change</b>	<input type="checkbox"/> Policy	<input type="checkbox"/> Service Delivery	<input type="checkbox"/> Procedure
	<input type="checkbox"/> Staff	<input type="checkbox"/> Communication	<input type="checkbox"/> Safety
	<input type="checkbox"/> Other Please specify		

### Details Of Suggested Change

<p><b>Describe suggested change:</b></p>
<p><b>Why suggested change should be approved? Explain:</b></p>

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What are the consequences if the suggested change is not implemented? Explain:

**For Management Use only**

<b>Status</b>	
<b>Approval Date</b>	
<b>Approved By</b>	

This form should be forwarded to OHS Coordinator by either of the following:

[ohs@headwaygippsland.org.au](mailto:ohs@headwaygippsland.org.au)

or at the Morwell office 219 Princess Drive Morwell