

# Employee Feedback Implementation Team Charter

<b>PROJECT MISSION:</b> (Summary of the suggestion received. This may be revised later by the team and sponsor)	
<b>CURRENT STATE:</b> (stated in concise, objective and measurable terms)	
<b>DESIRED STATE:</b> (concise, objective and measurable results to be achieved through suggestion)	
<b>TEAM SPONSOR:</b> (the individual who owns the existing process and has the authority to approve changes)	
<b>WHAT THE TEAM HAS THE AUTHORITY TO DO:</b> (legal restrictions, budget limitations, limits on scope of change allowable by the team sponsor, implement specific idea or analyze all possible solutions, authority to pilot improvements)	
<b>ESTIMATED DATE FOR COMPLETION:</b>	<b>MEETING FREQUENCY &amp; DURATION:</b>
<b>FIRST REVIEW DATE/ PROGRESS REPORT DUE:</b>	
<b>ALIGNMENT: Purpose of Improvement:</b> (check all that apply) <input type="checkbox"/> Improve organizational performance measure. List specific goal: _____ <hr/> <input type="checkbox"/> Reduce costs <input type="checkbox"/> Reduce cycle time <input type="checkbox"/> Eliminate waste <input type="checkbox"/> Increase customer satisfaction <input type="checkbox"/> Implement Opportunity for Improvement from Baldrige feedback report. List specific OFI: _____	
<b>MEMBERS:</b>	
<b>SPONSOR LIAISON:</b>	
<b>TIMEKEEPER:</b>	
<b>FACILITATOR:</b>	
<b>TEAM LEADER:</b>	
<b>SCRIBE:</b>	

Signatures:

Team Sponsor \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Review Team \_\_\_\_\_ Date: \_\_\_\_\_

(Project Initiation)

Completion Date \_\_\_\_\_