|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Name** |  | **Date** |  | **Tick the Lean Principle** | |
| **Describe the Lean Idea Below** | | | | **x** | Staff First |
|  | | | |  | Empower the Team |
|  | Embrace Customers |
|  | Deliver Fast |
|  | Add Value |
|  | Eliminate Waste |
|  | Live the Values |
|  | See the Whole |
| **Estimate the Lean Savings if Applicable** | | | | | |
|  | | | | **Example:**  Save 10 minutes per form x 3 people complete x 4 forms per week each = 120 minutes per week | |
| **Describe other areas that may be affected by this change** | | | | | |
| **Affect** | | | | Area | |
|  | | | | Development | |
|  | | | | Support | |
|  | | | | Operations | |
|  | | | | PMO | |
|  | | | | Account Management | |
|  | | | | Finance | |
|  | | | | Leadership | |