

EVALUATION & SUMMARY of Employee Suggestion



INSTRUCTIONS TO AGENCY/CAMPUS COORDINATOR: After receipt and initial review of an employee's completed Suggestion Form, send copy of suggestion and any attachments with this form to an evaluator within your agency (in general, someone who is familiar with the subject matter of the suggestion). Please complete the Suggestion, Evaluation Due Date, and Coordinator sections *before* evaluation -- then the Recommendation, Summary, and Checklist sections *after* evaluation.

INSTRUCTIONS TO EVALUATOR: Please evaluate the attached employee suggestion by completing the Evaluator Information and Parts 1 through 6 of the Evaluation section on this form. If you can't complete evaluation by the due date, or if you have any questions, contact your Agency/Campus Suggestion Program Coordinator listed below.

Evaluation Due By:
 (usually 2-3 weeks after receipt)

SUGGESTION INFORMATION:

Agency Tracking Number:	State Board Tracking Number: <small>(for Board use only)</small>	Suggester's Name:
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AGENCY/CAMPUS COORDINATOR:

Coordinator's Name:	Coordinator's Phone Number:	Coordinator's E-Mail Address:
Coordinator's Work Address:	City, State, Postal Code:	Coordinator's FAX Number:

EVALUATOR INFORMATION:

Evaluator's Name:	Job Classification Title:	Agency:
Division/Institution/Unit:	Evaluator's Work Address:	City, State, Postal Code:
Evaluator's E-Mail Address:	Evaluator's Telephone Number:	Evaluator's FAX Number:

EVALUATION:

PART 1: Implementation & Eligibility.

1.a. Has this suggestion been implemented? YES NO If **Yes**, what date was it implemented? _____
 If **No**, please assess whether this suggestion could be implemented:

(Important: The Agency/Campus is responsible for implementing an employee's suggestion if it is feasible. After the suggestion has been implemented, if it's successful then the Agency/Campus Suggestion Coordinator should take appropriate steps with the agency/campus committee to forward the suggestion to the State Board with recommendation.)

1.b. Is this suggestion specifically detailed in the employee's job description? YES NO
 (**Note:** The suggestion can be related to the employee's job, but if specifically detailed in the job description it is ineligible for recognition by the Board.)

1.c. Could this suggestion apply to other agencies/institutions/campuses? YES NO

1.d. Do the monetary savings and calculations on the Suggestion Form appear valid and correct? YES NO
 If **No**, Explain:

1.e. Do the annual savings exceed \$25,000 ? YES NO If **Yes**, then agency Budget Office must review and sign below.

PART 2: Financial Savings.

	<u>Savings</u>	<u>Cost to Implement</u>
Year 1:	\$	\$
Year 2:	\$	\$
Year 3:	\$	\$
Year 4:	\$	\$
Year 5:	\$	\$
TOTALS:	\$	\$

2.b. <u>If annual savings over \$25,000:</u> <i>Agency Budget Office must review.</i> Signature: Date:

2.d. <u>Explain how savings were determined:</u> (If annual savings are under \$25,000 Evaluator completes. If over \$25,000 annually, Budget Office completes.)
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2.c. <u>Net Savings:</u> (subtract total costs to implement from total savings) \$

PART 3: Customer Service Impact.

Number of People

Customer Hours Saved

3.a. Better Customer Service (citizens, students, businesses, local government):

PART 4: Health & Safety Impact.

Number of People Affected

Does the problem result in loss of life or serious injury illness?

4.a. Health/Safety Benefits for State Employees and Public:

YES NO

4.b. Better Care/Treatment/Security for Institution Residents:

YES NO

4.c. Impact this will have on Quality of Care, Treatment or Security of Residents:

Major

Medium

Minor

None

PART 5: Description of Benefits. Use this section to further describe and evaluate the suggestion's benefits and feasibility based on your knowledge and experience. Attach any further comments or documentation if necessary.

PART 6: Evaluator's Signature.

Date:

EVALUATOR: After you complete the Evaluator Information section and Parts 1 through 6 of this form, return to Agency/Campus Coordinator.

(Agency/Campus Coordinator completes this area)

AGENCY/CAMPUS RECOMMENDATION:

Cash Award \$_____ (3% of ave. annual savings)
(Max. cash award: \$1,500)

Certificate of Commendation

Intangible Savings

Date:_____

SUMMARY OF SUGGESTION:

NOTE: Please summarize the suggestion in 100 words or less. This summary will be used for the Web site, press releases, letters to suggesters, suggestion records/database and annual awards program if selected. Please do NOT use acronyms or abbreviations and please do NOT write "See attached."

ATTACHMENTS:

NOTE: The following attachments must accompany each suggestion when being transmitted to the State Employee Suggestion Board. Four (4) clean, legible copies of each suggestion must be submitted with each packet collated and stapled, with the items sorted in the order below:

1. Evaluation & Summary
2. Suggestion Form
3. All supporting documentation, if any

Agency/Campus Coordinator: Send complete packets to Employee Suggestion Board, 101 E. Wilson St., 4th Floor, PO Box 7855, Madison WI 53707-7855

(for Board use only)

BOARD DECISION:

Board Meeting Date:	Cash Award: \$	Certificate of Commendation
Further Consideration for Statewide Implementation	Comments:	