

WASHINGTON STATE PRODUCTIVITY BOARD EMPLOYEE SUGGESTION EVALUATION FORM

Evaluator _____
Agency _____ Phone _____

Suggestion Number

Evaluation Due Date

Is this suggestion applicable to your agency? Yes No
If not, please call the Productivity Board at 360/704-5203

In your own words, please provide a brief summary of the suggestion.

Provide a brief summary of your recommendation and agency evaluation. (Please attach any supporting information)

RECOMMEND ADOPT **MODIFIED ADOPT**

If applicable, please provide the calculated savings that would be recognized over a 10 year period?

Date of Implementation _____ Actual date or Estimated date
Does this suggestion fall within the suggester's job duties? Yes No

\$ _____

If so, the suggester is eligible for a recognition award of up to \$200 per RCW 41.60.150

Does the suggestion have hard dollar savings? Yes No

If there are tangible savings, please provide a breakdown of how the savings will be achieved.

Total Tangible First Year Savings \$ _____
Total Recommended Award \$ _____

Monetary awards shall be based on 10% of actual first year net savings and/or revenue (maximum award is \$10,000).

Recommending: Final Award or Partial Award Tracking due date: _____

Can the agency identify savings and/or revenue? Yes No If not, please explain. (This information will help determine whether the savings/revenue tracking is necessary). _____

For suggestions with intangible benefits or savings in staff time, a recognition award is given.

RECOMMEND NON-ADOPT

- Resources are not available
- Costs outweigh the benefits
- Implementation would require a statutory change. The agency does not support seeking legislative change at this time.
- Training Issue. *Has this been discussed with the suggester?:* _____
- Not a new idea. *Date first discussed or planned by agency:* _____

May provide additional information/ justification regarding decision _____

AGENCY MANAGEMENT: I have reviewed this entire file and I agree with the recommendation(s) summarized above.

Management Signature (type or sign name) _____ Date _____

AGENCY COORDINATOR: I have reviewed this entire file for completeness and compliance with Agency and Board policies and procedures.

Coordinator Signature (type or sign name) _____ Date _____

PRODUCTIVITY BOARD STAFF USE ONLY

DATE RECEIVED

Staff Review: _____ Meeting Date: _____ Agency Code: _____