

WASHINGTON STATE PRODUCTIVITY BOARD TEAMWORK INCENTIVE PROGRAM

Complete this form **BEFORE** you begin a project.

This report serves as the application for teams that apply to the Productivity Board before their team project has started. Teams must meet the following criteria:

1. Submit the completed application form prior to starting the team project with agency head approval.
2. Teams should demonstrate plans to operate at a lower cost or with an increase in revenue with no decrease in the level of services rendered.
3. Provide a list of all team members and the percentage of savings the team will share. Note: The percentage of savings/revenue is up to 25%, with a maximum of \$10,000 per person. Also, include the percentage of the share each team member will receive.
4. The team will need to set a project period i.e., 3, 6, 9, 12 months. The team will be entitled to a percentage of savings for the project period.
5. The completed team application should include the Team Member Authorization Form, and the Agency Authorization Form.
6. The team will need to submit a mid-point review during the project period and a final report at the conclusion of the project. Productivity Board staff will assist agencies during this process.

APPLICATION FORM

TEAM NAME _____

AGENCY _____

PROJECT PERIOD _____

TEAM OVERVIEW

Provide a brief summary of the project. Please include attachments if needed.

TEAM OVERVIEW (continued)

GOALS & MISSION

Provide an overview of the goals and mission of the project

PERFORMANCE MEASURES

The team will need to show how the improvement will be measured, as the process currently exists, and with the anticipated improvements. Please describe and provide the following:

1. Flow chart showing origins, handling, and destination of the process before and after project.
2. List specific team tasks and their associated costs (current costs of doing business, i.e., number of forms per year, number of forms processed per day, etc.).
3. Process used to track the team's progress.

Performance measures that will be used:

TOTAL ANTICIPATED NET SAVINGS AND/OR REVENUE

Please provide information showing how the savings will be derived.

\$ _____

Note: Awards are paid by the agency in which the team is located and/or from the benefiting fund. Awards are based on the total actual net savings or revenue generated by the team during the project period.

PERCENTAGE OF SAVINGS AND/OR REVENUE THE TEAM IS ENTITLED TO FOR AN AWARD:

_____ %

Note: Awards are paid by the agency in which the team is located and/or from the benefiting fund. Awards are based on the total actual net savings or revenue generated by the team during the project period. The percent of savings or revenue (up to 25%, with a maximum of \$10,000 per person) the team is entitled to for an award, shall be agreed upon by the agency and team, prior to submitting this report to the Productivity Board.

TEAM AUTHORIZATION FORM

As certified by my signature below, I approve the application as submitted and agree with the information provided in the report.

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____
Signature Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____
Signature Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____
Signature Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____
Signature Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____
Signature Date

AGENCY AUTHORIZATION FORM

AGENCY _____

UNIT/DIVISION _____

TEAM NAME _____

As certified by my signature below, I approve the above named unit/division to participate and receive the agreed upon award in the Teamwork Incentive Program. Awards up to 25 percent of net savings or revenue gains resulting from improvements made during the project period will be distributed according to the agreements made by the agency and team. The Agency Head may determine whether to waive the requirement of signatures from the unit supervisor, and/or fiscal/budget officer. The Agency Head must sign the report if he/she agrees with the team becoming an official Teamwork Incentive Program team.

As certified by my signature below, I have reviewed and agree with the information provided in the team report, and support the team receiving the award recommended in the report.

AGENCY PRODUCTIVITY BOARD COORDINATOR Date

AGENCY HEAD Date

Note: The agency head has the authority to waive the following signatures:

UNIT SUPERVISOR Title/Date

AGENCY FISCAL OFFICE Title/Date