

# Teamwork Incentive Program

Authorization Form



Secretary of State  
Productivity Board

Response fields on pages 1 and 2 should be completed by the agency's designated Productivity Board Coordinator.

## Project Summary

Agency: \_\_\_\_\_

Team Name: \_\_\_\_\_

Executive Summary:

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## Project Team & Award Distribution

### Award Overview:

Up to 25% of net savings and/or revenue realized during the TIP project period may be awarded to participating team members. The percentage selected below applies to the total team award, not per individual. If all team members contributed equally and full-time, the award may be divided equally among them. If team members contributed part-time or only during part of the project period, their share should be pro-rated accordingly. Optional: You may also specify dollar amounts per team member to add clarity.

### Award Allocation:

Total Award to the Team (as % of net savings/revenue): \_\_\_\_\_% (max 25%)

Total Dollar Value of Team Award: \$\_\_\_\_\_

- ☐ Distribute equally among all full-time, full-period team members.  
☐ Pro-rated distribution applies due to varying time commitments.

Team Member Name:	Job Title:
Telephone:	Email:
Pro-Rated Share of Award (%)	Optional Dollar Amount:

Team Member Name:	Job Title:
Telephone:	Email:
Pro-Rated Share of Award (%)	Optional Dollar Amount:

Team Member Name:	Job Title:
Telephone:	Email:
Pro-Rated Share of Award (%)	Optional Dollar Amount:

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## Authorizing Signatures

As certified by my signature below, I have reviewed and agree with the information provided in this report and support the team receiving the award recommended. I approve the above named project team to participate in the Teamwork Incentive Program.

\_\_\_\_\_  
Agency Head or Designee Date

\_\_\_\_\_  
Team Manager/Supervisor Date

\_\_\_\_\_  
Fiscal/Budget Officer Date

\_\_\_\_\_  
Other (specify): Date

The Agency Head may require other signatures as necessary. They may also waive any signatures, apart from their own, at their discretion. Please use the following response sections to indicate which, if any, signatures should be required or waived.

Required: \_\_\_\_\_

Waived: \_\_\_\_\_

\_\_\_\_\_  
Agency Head or Designee Date