

<b>Date Due Back to State Personnel</b>

<b>Suggestion Number</b>

***INDIANA EMPLOYEE SUGGESTION PROGRAM EVALUATION FORM***

**Agency Suggestion Coordinator**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Evaluator's Name: \_\_\_\_\_ Date Sent to Evaluator: \_\_\_\_\_  
Due Date: \_\_\_\_\_ Date Returned to State Coordinator: \_\_\_\_\_

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**Agency Suggestion Evaluator**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Position: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Due Date: \_\_\_\_\_

1. Is this suggestion an original idea? (answer no if the ideas has been considered in the past)  
 YES       NO      If no, cite the source of the consideration (i.e. staff meeting etc.)  
\_\_\_\_\_
2. Is legislation required to implement this suggestion?  
 YES       NO
3. Is the formulation or implementation of this idea considered a part of the suggestor's normal job duties?  
 YES       NO      If yes, please include a copy of the suggestor's job duties.
4. Does this suggestion adequately describe an existing problem or condition?  
 YES       NO      Please Explain  
\_\_\_\_\_  
\_\_\_\_\_
5. Does it offer a workable solution?  
 YES       NO      Please Explain  
\_\_\_\_\_  
\_\_\_\_\_

6. Does this suggestion result in a measurable cost savings?

YES       NO

Please determine actual amount of savings to be realized **within the first year of implementation using the formulas below.**

1. Present Costs

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies/Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities/Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
Total Estimated Present Costs (1)					▶ <input type="text"/>

2. Proposed Costs

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies/Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities/Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
Total Estimated Proposed Costs (2)					▶ <input type="text"/>

3. Savings

Present Total Costs (1)	_____
Proposed Total Costs (2)	(-) _____
Equals 1st Year	(=) _____
Savings (3)	_____

4. Implementation Costs

	Amount	X	Cost	=	Annual Expense
Labor	_____		_____		_____
Supplies/Equipment	_____		_____		_____
Printing	_____		_____		_____
Utilities/Services	_____		_____		_____
Postage	_____		_____		_____
Other	_____		_____		_____
Total Estimated Implementation Costs (4)					▶ <input type="text"/>

5. Net Savings

1st Year Savings (Total From 3 Above)	▶ _____
Implementation Costs (Total From 4 Above)	▶ (-) _____
Equals Net Savings*	▶ <input type="text"/>

Note: The net savings during the first year of implementation will be the basis for any monetary award. In determining the amount of any award, the suggestion committee will use the following formula: For Savings of \$100,000 or lower, the amount of the award will be 5% of the first year's savings. For Savings of \$100,000 to \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000. For Savings above \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000 plus 1% of the savings above \$200,000. In any event, the maximum award will not exceed \$13,000.

