SUGGESTION EVALUATION

1. DATE *(YYYYMMDD)*

2. TO: *(Use complete address)*

3. SUGGESTION TITLE

4. SUGGESTION NUMBER

5. ACTION TAKEN OR RECOMMENDED *(Check pertinent box and furnish necessary information in Item 9. "Remarks".)*

☐ **a. NOT RECOMMENDED FOR ADOPTION** *(Give reasons in Item 9)*

☐ **b. ALREADY UNDER CONSIDERATION**

☐ **c. ALREADY IN USE**

(Explain origin of action in Item 9. Include also whether or not this suggestion, partially or totally, contributed to the action. If Yes, complete all other items.)

☐ **d. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE** *(Complete all other items and forward to Incentive Awards Board in accordance with Administrative Instruction No. 29)*

☐ **e. APPROVED FOR ADOPTION** *(Complete all other items)*

(1) TOTALLY	(2) PARTIALLY *(Explain)*	(3) DATE OF IMPLEMENTATION *(YYYYMMDD)*	(4) METHOD OF ADOPTION	(5) MANDATORY OR OPTIONAL USE

6. INTANGIBLE BENEFITS *(Non-measurable)* **SUGGESTION IMPROVES**

☐ **QUALITY** ☐ **EFFICIENCY** ☐ **TIMELINESS** ☐ **DAILY OPERATIONS** ☐ **SERVICE** ☐ **OTHER** *(Explain in Item 9)*

7. TANGIBLE BENEFITS. *(First year tangible benefits will be calculated if at all possible. Use table below or, if inapplicable, give a detailed breakdown of benefits under Item 9, "Remarks". Use additional pages, if required.)*

a. FACTORS	(1) LABOR			(2) MATERIAL			(3) TOTAL COST OF LABOR AND MATERIAL
	MAN-HOURS INVOLVED	COST PER MAN-HOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD			0.00			0.00	$ 0.00
NEW METHOD			0.00			0.00	$ 0.00
b. COST OF CONVERTING TO NEW METHOD						(4) TOTAL DOLLAR BENEFITS	$ 0.00

(1) MAN-HOURS	$
(2) MATERIALS AND/OR EQUIPMENT	$
(3) TOTAL COST	$ 0.00

c. TOTAL FIRST YEAR NET DOLLAR BENEFITS *(Labor and material less cost of conversion)*

$ 0.00

☐ **ACTUAL**

☐ **ESTIMATED**

8. AWARD

a. CASH $ _____

b. CERTIFICATE

9. REMARKS *(Use this space for all contributory comments including description of old or new method if different from that described on the suggestion)*

10. EVALUATOR

a. SIGNATURE	b. TITLE	c. ORGANIZATION	d. TELEPHONE NUMBER *(Include Area Code)*

11. REVIEWER

a. SIGNATURE	b. TITLE	c. ORGANIZATION

Reset