

**OFFICIAL SUGGESTION EVALUATION  
INCENTIVE AWARDS PROGRAM**

**SUGGESTION NUMBER AND TITLE**

**TO EVALUATORS:** Please complete all Sections

**SECTION I - NARRATIVE EVALUATION**

- Describe specific reasons supporting adoption or non-adoption.
- Use clear, courteous language with the suggester in mind.
- Start evaluation with a brief summary of suggestion; follow with reasons for decision.
- Conclude with positive expressions of appreciation for participating in program.
- Avoid words that might "turn off" the suggester. (Use "not adopted" rather than rejected, etc.)
- Partial adoption of a suggestion can qualify for an award.

This Section goes to the suggester with no other identifying information about the evaluator. If additional information is needed to evaluate this suggestion, contact the person identified on the covering transmittal.

EVALUATION: (If additional space is needed, continue on plain bond and attach to this form.)

SECTION II - EVALUATOR'S RECOMMENDATION

- Indicate your action by marking appropriate boxes.
- If you recommend adoption, describe actions necessary to effect proposal in Section I.

A.  ADOPTION

- Totally  Partially
- With Modifications

Date to be Effected \_\_\_\_\_

ESTIMATED FIRST-YEAR BENEFITS

(As described in DAO 202-451)

- Tangible \$ \_\_\_\_\_
- Intangible Benefits (Value of):
- Moderate  Substantial
- High  Exceptional

(Extent of Application)

- Limited  Extended
- Broad  General

Type of Recognition

Monetary \$ \_\_\_\_\_

Non-Monetary \_\_\_\_\_ Describe

Appropriation code to be charged

\_\_\_\_\_

B. REFERRAL

- Consider elsewhere for adoption:
- Other area of Operating Unit
- Department-Wide
- Government-Wide

C. NON-ADOPTION

- Reasons indicated in Narrative Evaluation (Section 1)

D.  ADOPTION RECOMMENDED, but approval not within jurisdiction of this office

- Suggestion requires further evaluation by another office:

Refer to:

- Other DOC Organization

\_\_\_\_\_ Name

- Other Government Agency

\_\_\_\_\_ Name

SECTION III - APPROVING AUTHORITIES

- Sign your name as evaluator.
- Obtain supervisor's signature as approving official.
- If adoption is recommended, obtain higher level management or budget officer approval as official authorized to adopt suggestion.

EVALUATED BY: \_\_\_\_\_  
Signature

\_\_\_\_\_ Title & Organization

\_\_\_\_\_ Date Telephone

APPROVED BY: \_\_\_\_\_  
Signature

\_\_\_\_\_ Title & Organization

\_\_\_\_\_ Date Telephone

AUTHORIZED OFFICIAL TO ADOPT SUGGESTION:

\_\_\_\_\_ Signature Title & Organization

\_\_\_\_\_ Date Telephone