

**U.S. DEPARTMENT OF ENERGY  
EVALUATION OF EMPLOYEE SUGGESTION/INVENTION,  
ADOPTION, AND APPROVAL OF AWARD**

EVALUATION OF IDEA <i>(Use plain paper for continuation sheet if needed)</i>				REFERENCE DATA	
1. Servicing Personnel Office:		2. Name of Evaluator:		Suggestion No:	
3. Organization: <i>(Include symbol)</i>		4. Building/Room No.:		Date Received:	Organization:
				Suggester or Inventor: <i>(Complete Payroll Name)</i>	
5. <input type="checkbox"/> Employee idea is applicable to this organization. Expected benefits are summarized as follows: <b>SUMMARY OF EXPECTED BENEFITS</b> <i>(Attach justification or explanation. For tangible benefits, attach detailed computations to justify summary figures. For intangible benefits, explain value and scope of application. See DOE 3450.1A for definition of terms.)</i>					
<b>TANGIBLE</b> <i>(Estimated net monetary benefits for first full year of operation after implementation.)</i>				<b>INTANGIBLE</b>	
				VALUE	SCOPE OF APPLICATION
COSTS	FORMER METHOD	IMPROVED METHOD	SAVINGS	<input type="checkbox"/> MODERATE	<input type="checkbox"/> LIMITED
LABOR	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> SUBSTANTIAL	<input type="checkbox"/> EXTENDED
MATERIALS	_____	_____	_____	<input type="checkbox"/> HIGH	<input type="checkbox"/> BROAD
TOTAL	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> EXCEPTIONAL	<input type="checkbox"/> GENERAL
6. Is the idea within the suggester's job responsibilities, based on due consideration of his or her position description, assigned duties, position performance standards, and the scope of application of the idea? <input type="checkbox"/> Yes <input type="checkbox"/> No					
_____ Signature of Suggester's Supervisor					
7. <input type="checkbox"/> Recommend Adoption in Whole _____ <i style="margin-left: 150px;">Date</i>		<input type="checkbox"/> Recommend Adoption in Part only <i>(Specify)</i>			
<input type="checkbox"/> Merits consideration by other offices <i>(Specify)</i> Reason: _____		<input type="checkbox"/> Recommend Adoption for Limited Period (Begin _____ /End _____)			
		<input type="checkbox"/> Recommend Non Adoption Reason: _____			
8. Subject matter of idea is outside of my responsibility and should be referred to: Reason: _____		<input type="checkbox"/> DOE Office <i>(Specify)</i>		<input type="checkbox"/> Other Government agency <i>(Specify)</i>	
<b>AWARD RECOMMENDATION</b> <i>(Based on DOE Monetary Award Scales)</i>					
9. Award Based on Tangible Benefits:		10. Award Based on Intangible Benefits:		11. Total Monetary Award:	
12. Award exceeds amount authorized by DOE award scale? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, deviation from DOE award scale is recommended for following reasons:					
13. Recommended division of group cash award:					
14. Proposed wording for certificate to accompany award: <i>(No more than 4 or 5 lines) (not applicable to patent awards)</i>					
15. Signature of Evaluator:		16. Title of Evaluator:		17. Date:	



**APPROVAL OF ADOPTION**

*(To be completed by an official who is at a higher organizational level than the evaluator.  
The approving official must have functional authority for the subject of the suggestion.)*

18.  Adoption approved in whole or in part and was (will be) implemented on \_\_\_\_\_ .  Adoption disapproved

19. Title: \_\_\_\_\_ 20. Organization: *(Include Symbol)*

21. Signature: \_\_\_\_\_ 22. Date: \_\_\_\_\_ 23. Telephone No.: \_\_\_\_\_

**SERVICING PERSONNEL OFFICE**

24.  Statutory and regulatory review is satisfactory.  Other: *(Specify)*

25. Name and Title: \_\_\_\_\_ 26. Organization: *(Include Symbol)*

27. Signature: \_\_\_\_\_ 28. Date: \_\_\_\_\_ 29. Telephone No.: \_\_\_\_\_

**APPROVAL OF MONETARY AWARD**

The monetary award recommended meets the Departmental requirements for incentive awards and sufficient funds are available. Monetary award is approved as follows:

30. Based on Tangible Benefits: \_\_\_\_\_ 31. Based on Intangible Benefits: \_\_\_\_\_ 32. Total Award Approved: \_\_\_\_\_

33. Allotment No.: \_\_\_\_\_ 34. Budget/Reporting No.: \_\_\_\_\_ 35. Appropriation No.: \_\_\_\_\_

36. Distribution of Award: *(the total payments must equal the amount in item 32).*

Complete Payroll Name	Social Security No.	Amount

37. Official authorized by DOE 3450.1A *(Name and Title)* \_\_\_\_\_ 38. Organization: *(Include Symbol)*

39. Signature: \_\_\_\_\_ 40. Date: \_\_\_\_\_ 41. Telephone No.: \_\_\_\_\_

**SERVICING PERSONNEL OFFICE**

42.  Payment of Monetary Award is authorized.  
 Other: *(Specify)*

43. Name and Title: \_\_\_\_\_ 44. Organization: *(Include Symbol)*

45. Signature: \_\_\_\_\_ 46. Date: \_\_\_\_\_ 47. Telephone No.: \_\_\_\_\_