

TIP\$ Evaluation Form

EVALUATOR INFORMATION

First Name:

Last Name:

Employee ID#:

Title:

Department:

Extension:

SUGGESTION INFORMATION

Title of Suggestion:

Suggestion Number:

EVALUATION

1. Is the suggestion currently in use or now under consideration?

Yes

No

If yes, please explain:

2. If suggestion has already been implemented, was it done as a result of this suggestor's idea?

Yes

No

3. Is the suggestion within the scope of the suggestor's job where he/she could implement the idea without further approval?

Yes

No

4. If you met with the suggestor for additional clarification, please indicate what new information was provided:

5. How undesirable is the condition suggestor seeks to improve and/or change?

Minimally

Moderately

Highly

Please explain:

6. How effectively does the suggestion improve and/or change the situation?

Minimally

Moderately

Highly

Please explain:

7. What employee group(s) or department(s) would be affected?

Could this suggestion be implemented in other areas?

Yes

No

8. Are there other ideas you have that might correct the situation or modify the original suggestion?

Yes

No

If yes, please explain:

9. Please detail estimated cost and savings for first year:

10. Please provide any additional information that would be helpful to the Committee in reviewing your evaluation.

11. Do you recommend:

Adoption

Non-adoption

Please provide specific information. Your comments concerning adoption/ non-adoption will be quoted in a letter to the suggestor.

ANSWER QUESTIONS 12-14 IF YOU ARE RECOMMENDING ADOPTION

12. What department should implement the suggestion?

13. What do you estimate the length of time to implement will be?

14. Are there extenuating circumstances that prohibit immediate implementation that should be considered prior to final approval of suggestion?