



# EMPLOYEE SUGGESTION AWARDS PROGRAM

SUGGESTION NO. \_\_\_\_\_

(For Personnel Use Only)

## PINELLAS COUNTY EMPLOYEE SUGGESTION FORM

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

I have read the non-eligibility rules and declare that they do not pertain to my suggestion. I hereby understand, and agree, that the acceptance by me of any monetary award from Pinellas County for this suggestion shall be deemed payment in full for myself, my heirs, or my assignees. I hereby waive claim or claims against the County which may arise as a consequence of the County adopting this suggestion.

Work Phone # \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If this is a group suggestion, all other joint suggesters must sign on the lines below.)

\_\_\_\_\_

A. Before describing your suggestion in detail on the reverse side please answer the following:

1. Does your suggestion apply only to your own department/office? Yes  No

If it applies to your work site only, give work site : \_\_\_\_\_

If it is applicable also to other departments/offices/work sites list them below:

\_\_\_\_\_

2. Will your suggestion result in dollar savings to the County? Yes  No

3. Has your suggestion already been implemented? Yes  No  If yes, when? \_\_\_\_\_

### **B. INSTRUCTIONS FOR COMPLETING THIS PORTION**

1. On the lines below give a brief, non-technical description of your suggestion .

\_\_\_\_\_

\_\_\_\_\_

2. Clearly identify the problem prompting your suggestion and show in detail how your suggestion will solve the problem.

3. If this is a cost-saving suggestion your estimate of any net savings must pertain to only the first year and must deduct all start-up costs such as materials, new purchases required, etc. You must also provide detailed documentation of how you arrived at your estimate which is \$\_\_\_\_\_.

4. Include sketches, samples, layouts or other supporting information which will be helpful in understanding your suggestion.

MY SUGGESTION IS: (Describe your suggestion on a separate sheet of paper).

**(Please return completed form to the Human Resources Department)**