

Hamilton County *FRESH IDEAS* Program

Evaluation Form (Used by departments to evaluate suggestions)

Congratulations! You have been selected to evaluate a *Fresh Ideas* employee suggestion. Are you the right person to make a decision on the subject matter of the idea? Does it relate to something concerning your area of expertise? If not, please contact your *Fresh Ideas* Department Coordinator immediately. If so, read on...

This form has been developed to help the evaluation process. Please start by ensuring the suggestion is eligible by answering questions 1-5 below. Any YES answers may deem the suggestion ineligible. Questions? Contact LaShawn Cook at (513) 946-1486.

ELIGIBILITY OF SUGGESTION

1. Was this idea under departmental consideration prior to the date of suggestion? (If yes, you may be asked for documentation identifying dates and individuals involved.) YES NO

2. Is there a current position(s) in your department that is expected or required as part of the normal job responsibilities to make suggestions of the type under consideration? If so, which position(s)? YES NO

Can this position implement the suggestion without consulting higher authority? YES NO

3. Was this problem specifically assigned to an employee for the development of a solution? YES NO

4. Will the implementation of the suggestion infringe upon or violate existing County rules, regulations, or policies? YES NO

5. Listed below are the reasons a *Fresh Ideas* Suggestion may be considered ineligible. Does the suggestion fall into any of these categories? If so, please check all that apply and explain in the box below.

- Duplicate Suggestion Stricter Enforcement of Existing Rules Ideas Already in Place Legislative or Court Action
 Collective Bargaining Routine Maintenance or Housekeeping Grievance Employee Benefits/Salaries

Is this suggestion: **Eligible?** **OR** **Ineligible?**

If you have determined the suggestion eligible, please select below whether or not the suggestion will be implemented. If YES, briefly explain your timeframe and plan for implementing the suggestion. Your positive response will allow the suggester to receive a tangible or intangible award depending on how much revenue/savings the idea creates. If NO, please explain why not in the space provided on the second page. Your negative response will close the suggestion and initiate a one-year waiting period before the suggestion can be reconsidered. The Program Manager may also forward your response to the suggester. Department Heads must sign-off on all ideas submitted for their department.

YES, the suggestion will be implemented.

Explain your timeframe and plan for implementation.

Projected Savings: \$199 or less \$200 or more (please complete a Budget Tracking form)

NO, the suggestion will not be implemented.

Explain why this suggestion will not be implemented.

Could this idea be modified to work for any other use? YES NO

If yes, please explain and include a timeframe.

Other Comments:

Evaluator Name and Title

Department Name

Telephone Number and Email Address

Evaluator Signature

I have reviewed this evaluation and the suggestion submitted. I agree with the Positive Negative recommendation above.

Department Coordinator Name and Signature

Department Head Name and Signature

If you have questions about the *Fresh Ideas* Program or how to complete the evaluation form, please contact LaShawn Cook, *Fresh Ideas* Program Manager, at 946-1486, in the Human Resources Department.

Date Returned to Program Manager

