

AFTER FIVE DAYS RETURN TO

U.S. POSTAGE
OR INTER-
DEPARTMENTAL
MAIL

EMPLOYEE SUGGESTION PROGRAM

IDEAS PAY OFF !

MOISTEN FLAP AND SEAL HERE
BEFORE SEALING BE SURE FORM IS SIGNED

SUGGESTIONS ARE IDEAS TO . . .

IMPROVE:



- | | |
|---------------------|--------------------|
| Cooperation | Public relations |
| Forms | Quality |
| Health | Sanitation |
| Methods | Tools |
| Output of machines | Working conditions |
| Property protection | Workmanship |

DEVISE:



- | | |
|------------------|------------------|
| New applications | New procedures |
| New designs | New tools |
| New equipment | New systems |
| New methods | Safety practices |

ELIMINATE:



- | | |
|-------------|---------------------|
| Accidents | Fire hazards |
| Bottlenecks | Hand operations |
| Breakage | Inventory shortages |
| Costs | Red tape |
| Delays | Spoilage |
| Duplication | Time losses |
| Fatigue | Waste |

EMPLOYEE SUGGESTION

PLEASE READ INSTRUCTIONS
AND THE PROGRAM RULES ON THE ATTACHED PAGE.

Please type or print with pen in black or dark blue ink only, do not use pencil

DO NOT WRITE IN THIS SPACE SUGGESTION NUMBER

CHECK ONE: (REFER TO ROUTING INSTRUCTIONS ON OPPOSITE PAGE)

My idea will affect: One department only Multiple departments Enter name(s) of department(s) below.

SUBJECT TITLE-DESCRIPTION IN A FEW WORDS

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS

THE WAY IT IS NOW	
THE WAY I SUGGEST IT SHOULD BE	
WHAT MADE ME THINK OF THIS SUGGESTION	
ADVANTAGES OF MY IDEA	

EMPLOYEE(S) NAME(S) <i>(Last, first, middle initial)</i>	DEPARTMENT <i>(Include work location address)</i>	CIVIL SERVICE TITLE <i>(Please spell out)</i>
	EMPLOYEE(S) E-MAIL ADDRESS <i>(Work or Home)</i>	
RESIDENCE ADDRESS <i>(Number, street)</i>		PUBLIC NUMBER
<i>(City)</i> <i>(State)</i> <i>(ZIP)</i>	POSITION NUMBER	OFFICE PHONE CALNET NUMBER

IN CONSIDERING MY SUGGESTION <i>(Check one)</i>	<i>The use by the State of California of my suggestion shall not form the basis of a further claim of any nature upon the State of California by me, my heirs or assigns.</i>	SIGNATURE – EACH SUGGESTER (NOT ACCEPTABLE IF UNSIGNED)	DATE
<input type="checkbox"/> YOU MAY DISCLOSE MY NAME <input type="checkbox"/> DO NOT DISCLOSE MY NAME UNLESS SUGGESTION IS ADOPTED			

EMPLOYEE SUGGESTION**WANT EXTRA CASH?**

Submit your suggestion following the instructions below.

Cash awards for adopted suggestions shall not be less than \$50 or more than \$50,000. Awards of more than \$5,000 will be granted only upon approval by concurrent resolution of the Legislature.

NEED HELP WITH YOUR IDEA?

Your supervisor is always available—it's still your suggestion and you get full credit. Although you do **NOT** have to secure supervisory approval or submit your suggestion through channels, your supervisor may be able to assist you in making your idea a better one. You may also contact your department's Merit Award Administrator for general information.

HOW TO COMPLETE YOUR SUGGESTION

1. Type or print, using black or dark blue ink, and enter the required information in the spaces at the bottom of the form. Illegible suggestions will be returned. (Your suggestion must reproduce on copy equipment.)
2. Use a separate form for each idea.
3. Indicate whether your idea affects a single department or multiple departments.
4. Give a short title which you think will best identify the subject of the suggestion.
5. Explain the existing or previous method or condition.
6. Describe your idea in sufficient detail to enable review without requesting additional information. This is your suggestion—make it tell your story—show how it can be done.
7. Explain the advantages that will result. When there will be tangible benefits, estimate the amount and explain how you arrived at this figure—this is your opportunity to “sell” your idea.
8. Explain what circumstances made you think of this suggestion.
9. Submit a sketch or sample if it will clarify your proposal. If the suggestion affects a form, attach a copy of the latest revision and a copy of your proposed change.
10. Sign the suggestion form in the proper space. If there are co-suggesters, signatures and other identifying information is required of each.

HOW TO ROUTE YOUR SUGGESTION

Fold and seal the suggestion form. Route via interdepartmental or U.S. Mail as follows:

If you checked:

“One Department Only”: Route your suggestion directly to that department's Merit Award Administrator.

“Multiple Departments”: Route your suggestion directly to your department's Merit Award Administrator to determine the one department that has the authority to implement your suggestion.

NOTE: A listing of departmental Merit Award Administrators is available from your department's Merit Award Administrator or the State Merit Award Program.

WHAT HAPPENS TO YOUR SUGGESTION?

You will receive an acknowledgement receipt of your suggestion. The suggestion, if acceptable, will be referred for evaluation. You will receive periodic updates on the status of your suggestion. The complexity of a suggestion or the need for extensive testing may necessitate a longer evaluation period.

Following the evaluation of your suggestion, adoption or nonadoption will be recommended. If your idea is implemented and you meet eligibility requirements, you will receive a cash award with a certificate. Whether adopted or not, you will receive a copy of the evaluation report(s).

If your suggestion was evaluated by multiple departments, you will receive a copy of each department's evaluation. If your suggestion is adopted by a department other than the department in which you are employed, the adopting department will forward a copy of the evaluation to your department for determination of eligibility and processing of the award.

SUGGESTION PROGRAM RULES*(For complete rules see Article 4, Department of Personnel Administration Regulations)***What Is A Suggestion?**

A suggestion is a proposal by one or more employees or by members of quality groups who are eligible to participate, which will reduce or eliminate State expenditures or improve the operation of State Government. To qualify for consideration, a suggestion must do more than call attention to a problem; it also must set forth a constructive solution.

Who May Participate?

Every active or retired State employee is eligible to participate in the employee suggestion program, except employees of the University of California or State Colleges.

Co-Suggesters

When two or more suggesters submit a jointly conceived idea for consideration, they may share equally in any award approved. Multiple suggesters must list names, addresses, titles, signatures, etc., on plain paper and attach to the suggestion form.

Your Award

You may receive an award of up to 20% of the net annual savings or benefits resulting from the adoption of your suggestion, with the maximum award amount being \$50,000. If tangible savings cannot be identified, an award for improved procedures may be given. The maximum award for an improved procedure is \$150. If your suggestion affects the safety of State employees or the public you may receive an improved safety award, up to a maximum of \$1,000.

A suggestion must be placed into effect before it can be considered for an award.

Eligibility for Awards

Awards will not be granted when:

The suggestion pertains to a subject assigned to the suggester for research, development or solution or which the employee has a clear and specific responsibility to offer as part of normal job requirements.

The suggestion is considered to be a duplicate of one previously submitted within the last twelve months.

The suggestion is submitted more than six months after the idea was placed in effect.

Unacceptable Suggestions

Some suggestions will not be accepted for consideration. These are ones which:

Are unsigned or written in pencil.

Express personal grievances.

Recommend studies, surveys or reviews.

Recommend changes in pay or classification.

Give only unsupported personal preferences.

Advocate increased new taxes or fees or creation of additional revenue by imposition of an inequitable or unjust tax.

Involve terms and conditions of employment which are subject to the collective bargaining process under the Ralph C. Dills Act.

Recommend corrections in spelling, grammar or mathematical calculations.

Appeals and Reconsideration

If your suggestion is not adopted and you are dissatisfied with the reasons for nonadoption, you may appeal the decision within one year from the date of the rejection. You must submit additional or supplemental information which was not previously covered or which points out an error in the evaluation report.

You retain rights to your suggestion for a period of three years from the date of the rejection. If your suggestion is placed in effect during this three-year period, you may request reconsideration of your suggestion. It must be established that your suggestion was in some degree *responsible* for implementation before an award can be made.

Submit your appeal to either the Merit Award Administrator of the single evaluating department, or to the State Merit Award Program if the suggestion involves multiple departments.

In cases where a dispute arises between you and the adopting and/or employing State agency concerning your eligibility to receive an award, you may forward your suggestion to the Merit Award Program for review. Include all documentation concerning your suggestion and a duty statement if available.

Enter the title (subject) of your suggestion and the date signed below, then detach and keep this sheet for your record.

ENTER TITLE OR SUBJECT

DATE SIGNED