

**State of Oklahoma  
PRODUCTIVITY ENHANCEMENT PROGRAM  
EVALUATION REPORT**

Return to: Office of Personnel Management  
Attn.: PEP Coordinator, Rm. G-40  
2101 North Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

- INSTRUCTIONS**
1. Agency Proposal Evaluator should complete the form.
  2. Type or print in ink.
  3. Fill in each section as completely as possible, even if proposal is not being adopted.
  4. Use attachments if necessary.
  5. There are four pages of the form.

|                                      |                   |                      |
|--------------------------------------|-------------------|----------------------|
| Name of supervisor making nomination | Title of Position | Department or Agency |
| Division                             | City              | Work Telephone       |

Nomination is For  
 Individual Incentive Award     Individual Incentive Compensation     Unit Incentive Pay

**LEAVE NAME, TITLE AND SOCIAL SECURITY NUMBER BLANK WHEN MAKING NOMINATION FOR UNIT INCENTIVE PAY**

|                             |                    |                         |
|-----------------------------|--------------------|-------------------------|
| Name of Employee Nominated: | Title of Position: | Social Security Number: |
| Department or Agency        | Unit:              |                         |
| Work Address:               | Work Telephone:    |                         |

| YES                      | NO                       |   | YES                      | NO                       |  |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the proposer been nominated by a state employee occupying a supervisory position? | <input type="checkbox"/> | <input type="checkbox"/> | Is the proposal the result of assigned or contracted audits, studies, surveys or research?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the proposal pertain to employee's work unit?                                    | <input type="checkbox"/> | <input type="checkbox"/> | Does the proposal concern matters which are actively being considered by management or supervisor?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the proposal be implemented in part or full? If in part, please explain below.   | <input type="checkbox"/> | <input type="checkbox"/> | Does the proposal involve routine maintenance or requests for services or supplies that should be reported through established channels? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the proposer have the authority to implement the proposal?                       | <input type="checkbox"/> | <input type="checkbox"/> | Does the proposal involve personal grievance or complaint?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the proposal normally expected within the duties of the proposer's job?            | <input type="checkbox"/> | <input type="checkbox"/> | Does the proposal concern individual compensation matters or individual classification?  |

TITLE OR SUBJECT OF PROPOSAL

1.  Yes  No Has this proposal been proposed/considered through the Productivity Enhancement Program or by agency management in the past year? If yes, what action was taken? (Support documentation pre-dating suggestion should be available from management in request.)

2.  Yes  No Does the proposal accurately describe the actual current situation, condition, method, procedure, etc. in Section 2 of the nomination form? If no, what is the actual current situation?

3.  Yes  No Will the proposal be implemented fully or partially? Please explain giving specifics. Attach additional pages if necessary.

4. Do you expect implementation of the proposal to result in increased costs or decreased services if another department, agency, office or commission? Of yes, please explain.

5. If the proposal results in benefits other than true dollar savings, describe in this section. True dollar savings are to be described in Section 7.

6. IMPLEMENTATION RECOMMENDATION OF AGENCY PROPOSAL EVALUATOR  
 Full  Partial  No Do you recommend implementation of the proposal? Recommendation must be explained here if not done so in Section 3.

This evaluation complies with the rules and policies of the Productivity Enhancement Program.

\_\_\_\_\_  
Signature of Agency Proposal Evaluator

\_\_\_\_\_  
Date



10. AGENCY AWARD RECOMMENDATION

- This proposal has been or will be implemented and results in benefits **other** than true cost savings. A non-cash award is recommended.
- This proposal has been or will be implemented and results in true cost savings. Funds have been, or are being encumbered to pay the award.

RECOMMENDED AWARD \$ \_\_\_\_\_

- Proposal Rejected. Reason:

\_\_\_\_\_  
Signed: Agency Administrator

\_\_\_\_\_  
Date

11. INCENTIVE AWARDS FOR STATE EMPLOYEES COMMITTEE RECOMMENDATION

- Proposal recommended for non-cash award.
- Proposal recommended for cash award of \$ \_\_\_\_\_
- Proposal rejected. Reason:

\_\_\_\_\_  
Signed: Incentive Awards For State Employees Committee

\_\_\_\_\_  
Date

12. FOLLOW UP DOCUMENTATION OF AGENCY COST SAVINGS AFTER PROPOSAL IMPLEMENTATION

- The proposal described herein was implemented and resulted in the full cost savings of \_\_\_\_\_ as described in the proposal evaluation. Full award of \_\_\_\_\_ as recommended by the committee on \_\_\_\_\_ should be made to \_\_\_\_\_.
- The proposal described herein was implemented and resulted in a **partial** cost savings of \_\_\_\_\_. A prorated award of \_\_\_\_\_ should be made to \_\_\_\_\_.
- The proposal described herein was implemented but resulted in no true cost savings. A non-cash award is hereby requested.

\_\_\_\_\_  
Signed: Agency Administrator

\_\_\_\_\_  
Date

13. INCENTIVE AWARDS FOR STATE EMPLOYEES COMMITTEE ACTION

- Proposal approved for non-cash award.
- Proposal approved for cash award of \$ \_\_\_\_\_

\_\_\_\_\_  
Signed: Incentive Awards For State Employees Committee

\_\_\_\_\_  
Date