Attachment B OP-110222

		State of Oklahoma PRODUCTIVITY ENHANCEMEN EVALUATION REPO Return to: Office of Person Attn.: PEP Coordin 2101 North Lincoln Oklahoma City, Ok	co 2. Ty 3. Fil as be 4. Us	INSTRUCTIONS Jency Proposal Evaluator should mplete the form. pe or print in ink. I in each section as completely possible, even if proposal is not ing adopted. se attachments if necessary. Jere 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 Individual 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	l .					
		Has the proposer been nominated by a state employee occupying a supervisory position?			Is the proposal the result of assigned or contracted audits, studies, surveys or research?					
		Does the proposal pertain to employee's work unit?			Does the proposal concern matters which are actively being considered by management or supervisor?					
		Will the proposal be implemented in part or full? If in part, please explain below.			Does the proposal involve routine maintenance or requests for services or supplies that should be reported through established channels?					
		Does the proposer have the authority to implement the proposal?			Does the proposa	l involve	personal grievance or complaint?			
		Is the proposal normally expected within the duties of the proposer's job?			Does the proposal concern individual compensation matters or individual classification?					
TITLE OR SUBJECT OF PROPOSAL										
 □ 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

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PROPOSAL EVALUATION - COMPUTATION OF DOLLAR SAVINGS

7. Proposal savings due	to change in:									
	•									
□ Labor □ Space	□ Supplies □ Equipment	□ Revenue □ Materials	 □ Energy Usage □ Maintenance Procedure 	□ Other (Specify)						
Proposed Method - Starting	g Date:		Ending Date for PEP Purposes							
			June 30, 20							
To determine benefits associated with implementing the proposal, complete the cost savings or revenue producing calculations below. For proposals that result in both cost savings and increased revenue, complete sections 8 and 9. COST SAVINGS CALCULATIONS										
 Determine Annual Cost of Old Method: A. Determine units of measure (hours, tons, miles, kilowatts, pieces, items, copies, etc.) 										
	X		+ other costs (explain)	=						
B. Determine first year			other costs (explain)	annual cost of old method						
List one time costs	to implement that a	are not included in B abo	ve.							
(1) Capital Ite	ems	(2) Cost	(3) Years of Life	(4) 2÷3=4 (first year cost)						
		\$		\$						
		\$		\$						
		\$		\$						
TOTAL COST	TO IMPLEMENT	\$		\$						
D. First year savings of	calculation: 	costs to implement	x annual savings number of month in use during ini							
		REVENUE PRODUC	ING CALCULATION							
9. x revenue per units per unit proposed year propos	revenue p sed unit old	per units per year old	= x annual increased no. of months revenue proposal in use during initial	÷12= first year increased revenue						
			fiscal year The computation of first year dollar revenue is reasonable and accurate been adhered to:	savings and/or increased e. State budget policies have						
<u>SIGNED</u>	(preparer)		SIGNED (adopting departm	ent fiscal officer)						

10 40	GENCY AWARD RECOMMENDATION							
	This proposal has been or will be implemented and results in benefits other than true cost savings. A non-cash aware recommended.	dis						
	This proposal has been or will be implemented and results in true cost savings. Funds have been, or are being encur the award.	mbered to pay						
	RECOMMENDED AWARD \$							
	Proposal Rejected. Reason:							
	Signed: Agency Administrator Date							
11. INC	ICENTIVE AWARDS FOR STATE EMPLOYEES COMMITTEE RECOMMENDATION							
	Proposal recommended for cash award of \$							
	Proposal rejected. Reason:							
	Signed: Incentive Awards For State Employees Committee Date							
12. FOI	OLLOW UP DOCUMENTATION OF AGENCY COST SAVINGS AFTER PROPOSAL IMPLEMENTATION							
	The proposal described herein was implemented and resulted in the full cost savings of as describ proposal evaluation. Full award of as recommended by the committee on be made to							
	The proposal described herein was implemented and resulted in a partial cost savings of A award of should be made to	prorated						
	The proposal described herein was implemented but resulted in no true cost savings. A non-cash award is hereby rec	quested.						
	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							
OPM-103	03 (12-84)							