

# County of Tuolumne

## Employee Innovation Awards Program

### Guidelines

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#### Program Mission:

*To reward employees for ideas, that emphasize improved organizational effectiveness and efficiency, with a written or monetary commendation.*

Each concept, idea or suggestion provided must be considered and evaluated in a manner that gives employees the satisfaction of knowing that their ideas have received a thorough analysis.

The following is a description of the attached form:

1. **Name of Innovator:** This is the name of the employee submitting the Innovation.
2. **Immediate Supervisor Review:** The Immediate Supervisor will evaluate the Innovation, including the potential for cost savings, impact on other functions within and outside of the department, the improved performance of the department and all related items. The Immediate Supervisor will provide supporting details if the "I do NOT concur" box is checked. Regardless of concurrence or not, the Immediate Supervisor will forward the Innovation Form to the Department Head. In the event that the Innovator reports directly to the Department Head, this section would not be completed.

Immediate Supervisor Review Period: 10 Working Days

3. **Department Head Review:** The Department Head will add comments as to concurrence or non-concurrence. The Department Head will provide supporting comments, evaluate and concur with cost estimates and provide supporting detail if the "I do NOT concur" box is checked. In the event that the Innovator is a Department Head, only the Innovator section would be completed before submitting to the County Administrator.

Department Head Review Period: 10 Working Days

4. **County Administrator Review:** The Innovation Form will be evaluated, with one of three actions possible: (1) return the Innovation Form to the originator and the Department Head with a request that further analysis be completed; or (2) forward the form with supporting documentation to the Board with a recommendation for approval; or (3) forward the proposal to the Board with recommended modifications.

County Administrator Review Period: 10 Working Days

5. **Board of Supervisors Review and Approval:** The Board will review the Innovation Form; all supporting documents and determine if the suggestion should be implemented. If the suggestion is implemented, the Board would determine the level of the Award to be provided to the employee.

Suggested Board of Supervisor Review Period: 20 Working Days

### Levels of Awards

- Letter of Commendation by the County Administrator will be sent to all Innovators for each suggestion, with a copy placed in the permanent Personnel File of the employee.
- Resolution of Recognition adopted by the Board of Supervisors for all Innovations implemented. The Resolution will be presented during a regular meeting of the Board, with a presentation to the Innovator and a copy of the Resolution placed in the permanent Personnel File.
- **Award of Merit:** An award provided by the Board for an idea that is implemented but may not have specific cost savings. The Innovation could be something that actually has a cost, or that leads to safety or morale improvements.
- **Financial Incentive:** This monetary award is based upon costs that may be calculated and demonstrated to be savings if the Innovation is implemented. For each Innovation that provides a savings the following awards will be given:

Savings of Up To	Award Of
\$10,000 but less than \$50,000	\$500
\$50,000 but less than \$100,000	\$1,000
\$100,000 or more	\$5,000

Each Innovator that receives a Financial Award will also receive the Letter of Commendation by the County Administrator and Resolution of Recognition from the Board of Supervisors. Any monetary award will be considered as taxable income to the employee.

### Selection Criteria

There are two basic levels of selection criteria.

- **The Significance of the Innovation:** The improved efficiency, effectiveness and safety and/or morale value of the innovation to the County.
- **The Applicability, or feasibility of implementing the innovation in the County.**

Each Innovation will be evaluated to determine if there is a financial impact of implementation. Those Innovations that have a cost of operations decrease would be considered for award of a financial incentive as listed above. All Innovations suggested will receive recognition.



## County of Tuolumne

# INNOVATION \,i-nə-'vā-shən\ n.

1. Introduction of something new. 2. A new idea, method, or device. -- Merriam Webster

## Tuolumne County Employee Innovation Awards Program

Name of Innovator: \_\_\_\_\_ Department: \_\_\_\_\_

Detailed description of innovative idea. One innovation per form. Add additional sheets if necessary.

Signature of employee submitting this form: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Review: I concur  I do NOT concur

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Review: I concur  I do NOT concur

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**County Administrator Review:**

**ACTION:**

**Innovation Returned for Further Analysis**

**Innovation Award Forwarded to Board of Supervisors With Recommendation**

**Letter of Commendation**                      **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**County Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Supervisors Approval:**

**Innovation Returned for Further Analysis**

**Innovation Award Disapproved**

**Innovation Award Approved**

**Chair of Board Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_