



This form is for use only by County employees. Please fill out the online form then print and send with supporting materials via interoffice mail to the Human Resources Department, 400 S. Fort Harrison Ave., Clearwater, Attn: Employee Communications.

## EMPLOYEE SUGGESTION AWARDS PROGRAM

# Suggestion Form

Suggestion #: \_\_\_\_\_  
(For HR use only)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work phone: \_\_\_\_\_

*I have read the [program guidelines](#) (next page). The Non-Eligibility Rules do not pertain to my suggestion. I hereby understand, and agree, that the acceptance by me of any monetary award from Pinellas County for this suggestion shall be deemed payment in full for myself, my heirs, or my assignees. I hereby waive claim or claims against the County which may arise as a consequence of the County adopting this suggestion.*

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

If this is a group suggestion, all other joint suggesters must sign and print their names below:

\_\_\_\_\_  
Signatures

\_\_\_\_\_  
Print names

Before describing your suggestion in detail, please answer the following.

1. Does your suggestion apply to your own department/office? Yes No

If it applies to your work site only, list the site:

\_\_\_\_\_

If it is applicable also to other work departments/offices/work sites, please list them below:

\_\_\_\_\_

2. Will your suggestion result in dollar savings to the County? Yes No

If yes, what is your estimate of net savings? \$ \_\_\_\_\_

*The savings should pertain to only the first year and deduct all start-up costs such as materials, new purchases required, etc. You must also provide detailed documentation of how you arrived at your estimate.*

3. Has your suggestion already been implemented? Yes No If yes, when? \_\_\_\_\_

4. Give a brief, non-technical description of your suggestion:

\_\_\_\_\_

Now, on separate sheets of paper, describe your suggestion in full. Clearly identify the problem prompting your suggestion, and **show in detail how your suggestion will solve the problem**. Include sketches, samples, layouts or other supporting information which will be helpful in understanding your suggestion.

[www.pinellascounty.org/hr/suggestion](http://www.pinellascounty.org/hr/suggestion)

## **EMPLOYEE SUGGESTION AWARDS PROGRAM GUIDELINES**

The purpose of the Employee Suggestion Awards Program is to encourage employees to submit suggestions which will improve the productivity and cost-effectiveness of County services and operations.

All employees within the Classified Service of the Unified Personnel System (including temporary and part time) are eligible to participate in the program.

Each suggestion must concisely identify a problem or area in which productivity, efficiency or cost effectiveness may be improved and must recommend a specific remedy for the problem or procedure cited.

### **Non-Eligibility Rules**

Suggestions related to the following items are NOT eligible for the Suggestion Awards Program:

- Deal with matters that are considered to be part of an employee's normal job responsibilities
- Offer no specific solution or procedure
- Improving or correcting conditions which exist only because established procedures are not being followed
- Duplicate an idea previously suggested
- Involve the elimination, lowering or raising of taxes levied by the County or other governmental entities
- Embrace matters which are the result of assigned or contracted audits, studies, surveys, reviews, or research.
- Propose ideas which are already under consideration.
- Deal with personal grievances, salary schedules, job classifications, time and leave regulations or fringe benefits.
- Involve procedures which have not been in existence for at least six months.
- Submitted by an employee whose primary duties involve development or evaluation of cost-saving ideas
- Are not submitted within two years after implementation, or within three years in unusual cases

### **Reconsideration of Non-Adopted Suggestions**

1. If an employee's suggestion is not approved for adoption, that employee has the right to request that the Employee Suggestion Awards Committee reconsider its decision.
2. The appeal must state in detail the basis for requesting further consideration and must be submitted within 15 days of notification of the Committee's original decision.
3. The appeal will be forwarded to the Employee Suggestion Awards Committee which will give full consideration to all relevant information in the case prior to making its decision which will be final.