

## Evaluation of Employee Suggestion

Evaluation of Idea (Use Plain Paper for Continuation Sheet If Needed)				
1. Suggestion No.	2. Name of Evaluator	3. Organization (include symbol)	4. Bldg/Rm No.	
5. Employee idea is applicable to this organization. Summary of Expected Benefit follows: (Attach justification or explanation. For tangible suggestions, attach computations to explain summary figures. For intangible suggestions, value and scope of application.)				
<b>Tangible</b> (estimated net monetary benefits for first full year of operation after implementation.)				<b>Intangible</b>
Costs	Former method	Improved method	Savings	Value
Labor				<input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> High
Materials				
Total				
6. <input type="checkbox"/> Recommended Adoption in Whole (date) _____ <input type="checkbox"/> Recommend Adoption in Part Only (specify) _____ <input type="checkbox"/> Merits Considered by Other Offices (specify) _____ <input type="checkbox"/> Recommend Adoption for Limited Period Reason: _____ Begin _____ End _____ Reason: _____				
7. Subject matter of idea is outside of my responsibility and should be referred to <input type="checkbox"/> DOE Office (specify) <input type="checkbox"/> Other Government Agency (specify)				
Reason				
8. Signature of the Evaluator	9. Title of Evaluator		10. Date	
<b>Approval/Disapproval of Recommendation</b>				
(To be completed by an official who is at a higher organizational level than the evaluator. The approving official must have functional authority for the subject of the suggestion.)				
11. <input type="checkbox"/> Adoption approved in whole or in part and was (will be) implemented on _____ <input type="checkbox"/> Adoption Dispr _____				
12. Title		13. Organization (include symbol)		
14. Signature		15. Date	16. Telephone No.	
<b>Employee Suggestion Manager</b>				
17. <input type="checkbox"/> Statutory and Regulatory Review is Satisfactory <input type="checkbox"/> Other (specify) _____				
18. Name and Title		19. Organization (include symbol)		
20. Signature		21. Date	22. Telephone No.	