



State of Maine Employee Suggestion Awards Program Application

Last Name	First Name	M.I.	TAMS ID
Department	Bureau	Location	
Work Telephone Number	Email Address		
Important Instructions for Completing Employee Awards Program Application			
<p>This application must be complete, signed and legible. This form is designed to be completed electronically; all text field boxes (gray boxes) will expand to accommodate as much room as you need. If you are completing it on paper, use ink to fill in the required information, use extra paper to complete your suggestion. This will assure that your suggestion will get the full attention it deserves. Use a separate application for each suggestion.</p> <p>Sign the suggestion application and forward it directly to: <div style="text-align: center;"> State Employee Suggestion Awards Program Administrator Bureau of Human Resources # 4 State House Station Augusta, Maine 04333-0004 Tel: 207-624-7750 </div> </p>			
CONFIDENTIALITY REQUESTED?			
<p>If so requested, the name of the employee with the suggestion will be treated confidentially by the State Administrator, Agency Coordinator, Employee Suggestion Evaluation Committee, ESAP Board and any other person handling the suggestion until a final decision is made by the Board.</p>			
I request my suggestion be treated as confidential:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject of Suggestion- Give a short title to the suggestion that best describes the subject.			
Suggestion applies to which agency or agencies?			
Indicate whether your idea affects a single or multiple departments and agencies.			
Present Situation- Explain the existing situation, method or condition that prompted this suggestion.			
Your Suggestion, Your Solution, Anticipated Results- Your explanation should include:			
<ol style="list-style-type: none"> 1. Detail so that evaluators have concise information without having to request additional documentation. 2. Advantages that will result from the suggestion (efficiency realized or cost savings-<i>must include projected cost savings and information that supports your projection- <u>complete worksheet below</u></i>) 3. How the suggestion will work and/or be implemented. 			
This is your opportunity to convince the evaluators that your idea will benefit the State of Maine if adopted.			
Cost Savings Worksheet (where applicable):			
List all items for which savings have been or will be realized. Identify the old and new costs. Subtract the new savings from the old savings to determine the overall savings.			
Current Costs	-	New Cost	= Savings
Indicate any cost involved in implementing the suggestion (e.g. labor, equipment). Explain and show calculations below as necessary.			
Current Costs <i>(may be same as above)</i>	-	Cost of Implementation	= Savings

Employee Signature

Date

Human Resource Tracking Information

Referring Department and Agency: _____

Eligible for review: yes no (if no state reason) _____

Efficiency Suggestion: yes no Cost Savings Suggestion yes no

BHR DATE RECEIVED:

DATE SENT TO AGENCY

DATE COMPLETED

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