State of Oklahoma
PRODUCTIVITY ENHANCEMENT PROGRAM
EVALUATION REPORT

Return to: Office of Personnel Management
Attn.: PEP Coordinator, Rm. G-40
2101 North Lincoln Blvd.
Oklahoma City, Oklahoma 73105

INSTRUCTIONS
1. **Agency Proposal Evaluator should complete the form.**
2. **Type or print in ink.**
3. **Fill in each section as completely as possible, even if proposal is not being adopted.**
4. **Use attachments if necessary.**
5. **There 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 ☐ Unit 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	
☐	☐	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 proposal 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

1. ☐ 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

PROPOSAL EVALUATION - COMPUTATION OF DOLLAR SAVINGS

7. Proposal savings due to change in:

☐ Labor ☐ Supplies ☐ Revenue ☐ Energy Usage ☐ Other (Specify)
☐ Space ☐ Equipment ☐ Materials ☐ Maintenance Procedure

Proposed Method - Starting 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

8. Determine Annual Cost of Old Method:
A. Determine units of measure (hours, tons, miles, kilowatts, pieces, items, copies, etc.)

.....

_____ (number of units per year) X _____ (cost per unit) + _____ (other costs (explain)) = _____ (annual cost of old method)

B. Determine first year cost of proposed method:

.....

_____ (number of units per year) X _____ (cost per unit) + _____ (other costs (explain)) = _____ (annual cost of proposed method)

C. Determine cost to implement:
List one time costs to implement that are **not** included in B above.

(1) Capital Items	(2) Cost	(3) Years of Life	(4) 2÷3=4 (first year cost)
	$		$
	$		$
	$		$
TOTAL COST TO IMPLEMENT	$		$

D. First year savings calculation:

_____ (annual cost-old method) - _____ (annual cost - proposed method) + _____ (costs to implement) = _____ (annual savings) x _____ (number of months proposed in use during initial fiscal yr) ÷12= _____ (first year savings)

REVENUE PRODUCING CALCULATION

9.

_____ (revenue per unit proposed) x _____ (units per year proposed) - _____ (revenue per unit old) x _____ (units per year old) = _____ (annual increased revenue) x _____ (no. of months proposal in use during initial fiscal year) ÷12= _____ (first year increased revenue)

SIGNED (preparer)	The computation of first year dollar savings and/or increased revenue is reasonable and accurate. State budget policies have been adhered to: SIGNED (adopting department fiscal officer)

10. AGENCY AWARD RECOMMENDATION

☐ This proposal has been or will be implemented and results in benefits **other** than true cost savings. A non-cash award is recommended.

☐ This proposal has been or will be implemented and results in true cost savings. Funds have been, or are being encumbered to pay the award.

RECOMMENDED AWARD $_____

☐ Proposal Rejected. Reason:

_____ _____
Signed: Agency Administrator Date

11. INCENTIVE AWARDS FOR STATE EMPLOYEES COMMITTEE RECOMMENDATION

☐ Proposal recommended for non-cash award.

☐ Proposal recommended for cash award of $ _____

☐ Proposal rejected. Reason:

_____ _____
Signed: Incentive Awards For State Employees Committee Date

12. FOLLOW UP DOCUMENTATION OF AGENCY COST SAVINGS AFTER PROPOSAL IMPLEMENTATION

☐ The proposal described herein was implemented and resulted in the full cost savings of _____ as described in the proposal evaluation. Full award of _____ as recommended by the committee on _____ should be made to _____.

☐ The proposal described herein was implemented and resulted in a **partial** cost savings of _____. A prorated award of _____ should be made to _____.

☐ The proposal described herein was implemented but resulted in no true cost savings. A non-cash award is hereby requested.

_____ _____
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 (12-84)

(R 8/10)