

Evaluation of Employee Suggestion

INSTRUCTIONS:

1. If you recommend that the referenced suggestion be adopted, complete Sections A, B, and C.
2. If this suggestion should NOT be adopted, complete Sections A and C.
3. Please return this form to the NIH Employee Suggestion Coordinator, Building 31, Room 3B11.

To:		Suggester's Name	
Suggestion No.	Date Received	Please Reply By	

SECTION A.

- | | |
|---|--|
| 1. Can this suggestion be adopted by your organization?
<input type="checkbox"/> Yes
(Complete entire form) <input type="checkbox"/> No
(Complete item 3 below and Section C.) | 2. If so, give date the suggestion will be implemented |
| 3. Analysis of Suggestion (Explain why the suggestion should be adopted or rejected.) | |

SECTION B.

- | | |
|---|---------------------------|
| 1. Adoption of suggestion will result in:
<input type="checkbox"/> Tangible Benefits (Complete Items 2 and 3.)
<input type="checkbox"/> Intangible Benefits (Complete Items 2 and 4.) | 2. Dollar amount of award |
| 3. Explain method used to determine dollar amount of award based on tangible benefits. (See Table 1.) | |

4. Intangible benefits: Check value and write amount of award. (See Table 2.)	LIMITED	EXTENDED	EXTENDED	GENERAL
<input type="checkbox"/> MODERATE				
<input type="checkbox"/> SUBSTANTIAL				
<input type="checkbox"/> HIGH				
<input type="checkbox"/> EXCEPTIONAL				

SECTION C.

- | | | | |
|--|---------|----------------------|--------------|
| 1. Signature of Evaluator | 2. Date | 3. Building and Room | 4. Phone No. |
| 5. Signature and Title of Approving Official | | | 6. Date |

Cash Award Schedules

Table 1
Tangible Benefits

Estimated First-Year Benefits to Government	Amount of Award
Up to \$10,000 _____	10% of benefits
\$10,000 to \$100,000 _____	\$1,000 for the first \$10,000, plus .3% of benefits over \$10,000
\$101,000 or more _____	\$3,700 for the first \$100,000 plus .5% of benefits over \$100,000

Table 2
Intangible Benefits

Value of Benefits	Extent of Application			
	LIMITED Affects functions, mission or personnel of one office, facility, installation, or organizational element of a headquarters, i.e., one Division. Affects a small area of science or technology.	EXTENDED Affects functions, mission or personnel of several offices, facilities or regional area. Affects an important area of science or technology.	BROAD Affects functions, mission or personnel of an entire regional area. May be applicable to all of NIH. Affects a broad area of science or technology.	GENERAL Affects functions, or mission or personnel of several regional areas. May be applicable to all DHHS or in the public interest throughout the nation.
MODERATE A modification of an operating procedure, sufficient to meet the minimum standard for a cash award. An improvement of limited value of an activity program or service to the public.	\$100	\$100--250	\$250--500	\$500--1,000
SUBSTANTIAL A modification of an operating procedure, a significant improvement to the value of an activity, program, or service to the public.	\$100--250	\$250--500	\$500--1,000	\$1,000--2,500
HIGH A complete revision of a basic principle or procedure, significant improvement of the value of a major activity, program or service to the public.	\$250--500	\$500--1,000	\$1,000--2,500	\$2,500--5,000
EXCEPTIONAL Initiation of a new principle or major procedure, a superior improvement to the quality of a critical activity, program, or service to the public.	\$500--1,000	\$1,000--2,500	\$2,500--5,000	\$5,000--10,000