

Date and Time Received	COUNTY OF KERN Employee Suggestion Award Application	Suggestion No. (For office use)
	(SEE LAST PAGE FOR INSTRUCTIONS)	

1. Title of Suggestion:

2. Current procedure, method or situation:

3. Suggested change in procedure, method or situation:

4. Describe how suggested change would benefit Kern County (for example, detailed annual cost savings, efficiency, improved customer service, safety, employee morale, etc.):

5. Indicate if you prefer to have your suggestion reviewed by the Employee Suggestion Award Evaluation Committee anonymously: Yes No

Title of Suggestion (continued):

6. Name of Submitter:	7. Department/Division:
8. Job Title:	9. Work Phone #:
10. Home Address:	
11. City:	12. Home Phone #:

Signature* (REQUIRED): _____ Date: _____

6. Name of Submitter:	7. Department/Division:
8. Job Title:	9. Work Phone #:
10. Home Address:	
11. City:	12. Home Phone #:

Signature* (REQUIRED): _____ Date: _____

6. Name of Submitter:	7. Department/Division:
8. Job Title:	9. Work Phone #:
10. Home Address:	
11. City:	12. Home Phone #:

Signature* (REQUIRED): _____ Date: _____

6. Name of Submitter:	7. Department/Division:
8. Job Title:	9. Work Phone #:
10. Home Address:	
11. City:	12. Home Phone #:

Signature* (REQUIRED): _____ Date: _____

*Signature indicates that the County of Kern shall be entitled to implement the suggestion described above without paying monies, royalties or other consideration (except as provided by the Employee Suggestion Award Program Policy) to the Submitter, or his or her heirs or assignees.

EMPLOYEE SUGGESTION AWARD FORM INSTRUCTIONS

Explanation of Form Boxes

1. Descriptive title of suggestion.
 2. Describe the current procedure, method or situation, and how it is less effective than it could be.
 3. Describe changes proposed to above, including charts, drawings, costs, or positions as needed to permit complete evaluation of the suggestion.
 4. Describe how implementation of the suggestion would benefit the County of Kern. Summarize tangible monetary benefits (such as personnel costs, equipment or supply savings) which would accrue for the first year; or summarize intangible benefits (such as improved customer service, safety, employee morale, etc.).
 5. Checking "No" will allow members of the Employee Suggestion Award Committee to see the name(s) of those who submitted the suggestion.
- 6-12 Contact information on up to four Submitters.

Additional Information

- This form is available electronically on Countynet under Employee/Miscellaneous/Employee Suggestion Award Program. Expand boxes as necessary.
- Information regarding the number of employees, job classifications, and salaries may be obtained from the Personnel Department website.
- Information regarding the cost or quantities of items purchased may be obtained from the General Services Department.
- When preparing charts, diagrams or other visual aids, labels should be self-explanatory. Do not use acronyms unless they are initially spelled out in full.
- Attach additional pages if necessary. Applications are limited to 5 pages, including supplemental information. (Do not include instructions.)
- Upon completion of the form make a copy for your file.
- Questions may be addressed to the Employee Suggestion Award Coordinator at (661) 868-3198.
- Send an original signed copy of the complete application via County mail, or it post to:

Employee Suggestion Award Coordinator
County Administrative Office
1115 Truxtun Avenue, Fifth Floor
Bakersfield, CA 93301