

CITY & COUNTY OF HONOLULU



EMPLOYEE SUGGESTION PROGRAM

NAME (Please Print or Type)		OFFICE PHONE NUMBER
HOME ADDRESS (Give House or Apartment Number, Street, City and Zip Code)		
CHECK ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	JOB TITLE	
SIGNATURE (Suggestion is not acceptable if unsigned)		SOCIAL SECURITY NUMBER

FOR OFFICE USE ONLY

YOUR NAME WILL NOT APPEAR ON ANY ESP EVALUATION SHEETS SEEN BY YOUR SUPERVISOR

DEPARTMENT		SUGGESTION NUMBER	
DIVISION/BRANCH		FOR OFFICE USE ONLY	
SUPERVISOR'S NAME		ACCEPTED	REJECTED
OFFICE PHONE NUMBER			

TITLE OR SUBJECT OF SUGGESTION

BRIEF DESCRIPTION OF PROBLEM, DIFFICULTY OR CIRCUMSTANCES

PRESENT METHOD OR PROCEDURE IS: (Brief description, details and location)

MY SUGGESTION IS: (Specify in detail. Attach additional pages, sketches or samples, etc., if needed to clarify)

SUGGESTION WILL ACCOMPLISH: (Cut cost or labor, reduce waste, etc. Tell how it can be done; give the advantages)

SEND TO: ESP ADMINISTRATOR
 DEPARTMENT OF HUMAN RESOURCES
 FASI MUNICIPAL BUILDING, 10TH FLOOR
 HONOLULU, HAWAII 96813

The use of my/our adopted suggestions shall not form the basis of a future claim of any nature upon the City and County of Honolulu by myself/ourselves, heirs or assigns. I am/we are also bound by all the terms, conditions and provisions of Section 82-2 of the Hawaii Revised Statutes.

MASTER COPY

Dear Suggester:

This is your record that your suggestion has been received as date and time stamped on the other side of this form. It is being evaluated now to determine its value to the City. If you have any questions or if any of your personal information on the other side of the card has changed (address, phone number, etc.), please call the EMPLOYEE SUGGESTION PROGRAM OFFICE at the Department of Human Resources. We will inform you at the earliest possible date as to whether your suggestion has been adopted or rejected. However, it may take some time to evaluate your suggestion so please allow 60 days before contacting us regarding the status of your suggestion.

SUGGESTION NUMBER

FOR ESP OFFICE



Dear Evaluator:

Please be as detailed and complete as possible with cost figures. Estimate as accurately as possible all suggested improvements. This form is designed to give you a quick checklist, but we encourage you to be as detailed as possible either for or against the suggestion. Please attach your detailed work sheets, drawings, etc. with this evaluation. Thank you.

	YES	NO	
Will suggestion effect a savings in labor costs?			
Number of manhours per year	PRESENT METHOD	SUGGESTED METHOD	
Cost per manhour			
Annual Labor Cost			
Will suggestion effect a savings in material costs?			
Number or Quantity of material used per year	PRESENT METHOD	SUGGESTED METHOD	
Cost per piece or unit			
Annual Material Cost			
Will suggestion effect an improvement in safety?			
Present method is	HAZARDOUS	MODERATELY UNSAFE	SAFE
Suggested method would be			
Will suggestion improve working conditions or employee morale?			
Improvement would be classified as	MINOR	MODERATE	MAJOR
Does this suggestion merit adoption?			
Extent of Application of Suggestion	MINOR	MODERATE	MAJOR
Was this problem specifically assigned within the agency for development or solution?			
Was this idea under other independent, consideration on the date of evaluation request?			
Did this suggestion, though not used itself, lead to another solution to the problem?			

(If you have additional comments for clarification of any of the above items, please list on a separate sheet and return with this evaluation.)

Date of Evaluation

Printed Name of Evaluator

Signature of Evaluator