



SUGGESTION FORM
State Employee Incentive Bonus Program
Instructions

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|------------------------|
| Office Use Only |
| Suggestion Number: |

BE SURE TO READ THE ELIGIBILITY REQUIREMENTS AND RULES ON THE REVERSE OF THIS FORM BEFORE YOU BEGIN.

1. Type or print with ink. (Make sure your name is on each page and attachment)
2. Attach additional pages if necessary (Be sure to indicate the question number you are continuing).
3. Put only one suggestion on each form.
4. If you need help, ask your supervisor or your department's SEIBP coordinator.
5. **SIGN AND DATE** your suggestion.
6. Send to the SEIBP coordinator for your department. If you do not know who your department SEIBP coordinator is, please contact your HR Department or the State SEIBP Coordinator, at 919-807-4800. **Do not** send your suggestion to the State SEIBP Coordinator, this will delay its evaluation

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|-------------------------|--------|------|----------|-------------------|------------------|
| Name (Mr./Ms./Dr./Team) | | | | Title or Position | |
| Department or Agency | | | | Supervisor | Unit or Division |
| Work Address | Street | City | Zip Code | Courier # | Work Phone |
| Home Address | Street | City | Zip Code | | Home Phone |

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| 1. What is the subject of your suggestion? |
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| 2. What is your suggestion? Be specific - describe the improvement and tell how it can be made. |
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3. How will your suggestion improve the present situation or benefit the agency or state? Be specific - if money will be saved tell how much and how you figured the savings. If increased revenues will be obtained, tell how much and how you figured the increase.

ELIGIBILITY REQUIREMENTS AND RULES

All permanent, temporary or part-time employees of the State of North Carolina may submit suggestions within the following general requirements and rules:

1. Your suggestion must propose improvements in a SPECIFIC WAY to some part of state government operations. It must be TIMELY and PRACTICAL and tell HOW improvements can be made.
2. Suggestions are not eligible if they concern: routine maintenance, matters already under consideration or personal grievances.
3. If the same suggestion is submitted by two or more persons separately, the first one is eligible. Others are duplicates, which are not eligible.
4. Suggestions, which concern employee compensation and individual position classification, are ineligible.
5. All cash awards shall be 20 percent of net savings determined after 12 or more months of implementation. The maximum individual award is \$20,000, with an aggregate maximum team award of \$100,000.
6. Cash awards are paid at the end of the fiscal year after approval of the State Review Committee and meeting all requirements of Statute, Administrative Rules and SEIBP policy. These awards are subject to federal, state and local taxes that shall be withheld.
7. Suggestions remain valid for one year or as long as they are being activity considered by the State. To be eligible after one year, a suggestion MUST be submitted again.
8. Decisions of the State Review Committee are final.
9. The SEIBP has the exclusive right to set award policy and structure and may change the program at any time.
10. The submission of your SEIBP suggestion assigns all its intellectual property and associated rights to the State of North Carolina as provided for by State Personnel Policy. The use of an employee's suggestion by the State shall not be the basis of further claims of any kind by the suggester, his/her heirs or assigns.
11. The state retains the right to terminate the SEIBP at any time.
12. Other requirements and rules are given in the SEIBP Policy and Procedure Manual. It is available from your department's SEIBP coordinator or from the Office of State Personnel.

I certify that I am employed by the State of North Carolina. I have read the eligibility requirements and rules as stated on this form, and agree that the state shall have the right to make full use of my suggestion.

Signature _____ **Date** _____

This is / is not) a team suggestion. The team members are: (provide names)