



**“MAB GOOD GOVERNMENT, GREAT EMPLOYEES”
AGENCY REVIEW FORM**



Name of employee making suggestion:	
Division:	Agency/Office/Bureau:
Name/Title of person(s) completing review of suggestion:	

Please complete the following to the best of your knowledge and ability:

EXCLUSIONS FROM AWARD PER NRS 285.050		
	YES	NO
Is the suggestion currently under active consideration by the division/department? (Subsection 2a)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Is the act of developing or proposing the suggestion a normal part of this employee's job duties whether acting individually or as a member of a group of state employees? If so, please provide work performance standards, if possible. (Subsection 2b)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Is the suggestion merely proposing that an existing policy or procedure being followed correctly? If so, please provide a copy of said policy. (Subsection 2d)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Does the suggestion concerns an individual grievance or complaint? (Subsection 2e)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Does the suggestion reduce the quality or quantity of services provided by the division/department? (Subsection 2f)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Does the suggestion transfer costs from one state agency to another state agency? (Subsection 2g)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		
Has the employee made more than two previous suggestions this calendar year? Please provide information for said submittals. (Subsection 4)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

If the answer is “Yes” to any of the above questions, the suggestion is not eligible for award.
There is no need to continue with the review.



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DIVISION/DEPARTMENT CONSIDERATIONS		
	YES	NO
Has the suggestion previously been under consideration by the division/department?		
If yes, please explain:		
Is the suggestion a component of any educational/training/certification program (state or non-state)?		
Please explain:		
Is the subject of the suggestion an issue of concern to the division/department?		
If yes, please explain:		
Are there concerns the division/department has in considering implementing the suggestion?		
If yes, please explain:		
Is sufficient information provided on the submission form to determine whether or not a cost savings or improvement in operations would result?		
If no, please explain:		
Is the suggestion already covered or prohibited by existing law, regulation, or policy? If so, please provide a copy of said policy in support of your answer.		
If yes, please explain:		
Has the suggestion been previously proposed through bills, regulations, budget requests, etc.? If so, please provide a copy of said item in support of your answer.		
If yes, please explain:		
Will federal or state statutes or regulations need to be changed to implement this suggestion? If so, please provide a copy of said legislation affected.		
If yes, please explain:		
Does the suggestion affect layoff or hiring of staff?		
If yes, please explain:		



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What are the cost savings/cost increases of personnel changes?

Please address in Fiscal Considerations

What budgets are affected by the changes in staff? How are budgets affected?

Please address in Fiscal Considerations

FISCAL CONSIDERATIONS

	YES	NO
Will there be any actual or estimated reduction, elimination, or avoidance of expenditure?		

If yes, please attach a one-page spreadsheet that details the potential costs and savings of implementing this suggestion. Include estimates for each fiscal year of the current and upcoming biennium. Please indicate the budget accounts affected and the source of funds that would be used to implement the suggestion. Be sure that your calculation methodology is clearly explained.

OPERATIONAL CONSIDERATIONS

	YES	NO
Will operations be improved by adopting this suggestion?		

If yes, please explain:



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**RECOMMEDATION FOR ADOPTION/REJECTION
TO BE COMPLETED BY DIVISION ADMINISTRATOR**

AGENCY RECOMMENDATION:		
	YES	NO
Do you recommend adoption of this suggestion?		
What steps are necessary to implement this suggestion?		
When will implementation begin and what is the estimated time frame required for implementation?		
What is the anticipated timeframe before actual cost savings can be realized and confirmed?		
Name/Title of person(s) completing review of suggestion:		

REJECTION OF SUGGESTION:
If rejected, the reason for rejection is:

Division Administrator

(Date)

CONCUR?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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Department Director or Designated Representative

(Date)



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COMMENTS (IF APPLICABLE):

A large, empty rectangular box intended for providing comments on the agency review.