



Idea Form

Hamilton County Board of County Commissioners' Departments



Employee:

- Please complete sections 1, 2, and 3 of this form.
- Make two copies of the completed form.
- Submit the original form to your supervisor.
- Give one copy to your Department Head.
- Keep one copy.

Supervisor: Please complete this process within one month of receiving the idea form.

- Review the idea and complete section #4.
- Discuss the idea with the Department Head and agree on actions to take.
- During discussion, ask Department Head to complete section #5 on your form — it's the original.
- Complete section #6.
- Meet with the employee to discuss.
- With the employee, complete section #7.
- Make a copy of the completed form and give the copy to the employee. Keep the original.

Section 1: To be completed by employee.

Date Submitted: _____

Employee Name: _____

Supervisor Name: _____

Department Head Name: _____

Section 2: To be completed by employee.

Please describe your idea. Clearly state the action to take and what the benefits would result if the idea is implemented.

"All innovations started out as simple ideas." ~Elaine Dundon

Idea Form — BOCC Departments

Section 3: To be completed by the employee.

Date Submitted: _____

Employee Name: _____

Supervisor Name: _____

Department Head Name: _____

Section 4: To be completed by the supervisor.

Supervisor Comments

*Be specific about
why the idea will or will not work or changes needed.*

Section 5: To be completed by the Department Head.

Department Head Comments

*Be specific about
why the idea will or will not work or changes needed.*

Section 6: To be completed by the supervisor, after discussion with the Department Head.

Actions We'll Take Regarding This Idea:

Describe what your department will do to implement the idea. If not being implemented, explain why.

Optional: Employee should submit idea to ___ Fresh Ideas or ___ Project Gain

Section 7: To be completed by the supervisor and employee, after discussion about actions taken.

Date Feedback Provided to Employee: _____

Signature of Manager Providing Feedback: _____

Signature of Employee, when Receiving Feedback: _____

Employee Comments: