

**IDAHO DEPARTMENT OF CORRECTION  
Employee Incentive Award Form**

Employee's Name (First, MI, Last): \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Location: \_\_\_\_\_

**My Suggestion or Recommendation Is:**

Please be specific and use details. And if applicable, include all brand names. As necessary, attach additional pages (in Word document format with your name clearly identified).

**Cost:**

The present annual cost is: \_\_\_\_\_  
(Itemize if possible)

The new annual cost is: \_\_\_\_\_  
(Itemize if possible)

# of additional pages attached \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**For Manager (unit head's) Use Only**

Date received: \_\_\_\_\_

# of additional pages attached \_\_\_\_\_

\_\_\_\_\_  
Manager's (unit head's) Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Leadership Team Use Only**

This idea or recommendation was:  accepted and the award amount shall be: \_\_\_\_\_

This idea or recommendation was:  rejected for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Team Representative's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date