



DEPARTMENT OF JUVENILE JUSTICE  
INCENTIVE SAVINGS AND SHARING PROGRAM  
SUBMISSION FORM

Employee's Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Bureau/Unit/Facility: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

- 1 Subject of Proposal:
  
- 2 Describe the current method or procedure.
  
- 3 Describe your proposal and how it will impact the current method or procedure.
  
- 4 Will the adoption and implementation of this proposal positively impact the department's mission, objectives or values? Please explain in detail.
  
- 5 Will the adoption and implementation of this proposal reduce the need for positions or other resources? Please explain in detail.
  
- 6 Will there be any other benefits derived from the implementation and adoption of this proposal?

\*\*\*TO BE COMPLETED BY THE DJJ EMPLOYEE RECOGNITION COORDINATOR\*\*\*

Proposal Number DJJ \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Proposer Notified on: \_\_\_\_\_

\_\_\_\_\_ Adopted      \_\_\_\_\_ Not Adopted