

STATE UNIVERSITY SYSTEM
Incentive/Efficiency Program
Summary of Awards and Certification

University: _____ Date: _____

Contact Person: _____ Phone: _____

This form must be completed and submitted with each request for payment under the Incentive/Efficiency Program pursuant to Section 240.2112, F.S., and Rule 6C-8.010, F.A.C. No individual may receive a bonus in excess of \$25,000 or 10% of the Projected Net Additional Revenue, whichever is lower.

1. Suggestion No.: _____ 2. Title of Suggestion: _____

3. Date Suggestion Submitted: _____

4. Date Suggestion Approved by IEP Committee: _____ 5. Date Suggestion Implemented _____

6. List of Bonus Payments Requested for Employees Who Made the Suggestion (Each payment is limited to the lessor of 10% of the Projected Net Savings or Net Additional Revenue, or \$25,000):

<u>Employee Name</u>	<u>Bonus Payment</u>	<u>Employee Name</u>	<u>Bonus Payment</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Total Bonus Payments Requested (Limited to 10% of Projected Net Savings or Projected Net Additional Revenue) \$ _____

7. List of Bonus Payments Requested for Employees in the Work Unites which will Generate the Savings or Additional Revenue (Each bonus payment shall not exceed one-half of the bonus payment given to each employee who made the suggestion):

<u>Employee Name</u>	<u>Bonus Payment</u>	<u>Employee Name</u>	<u>Bonus Payment</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Total Bonus Payments Requested (Limited to 20% of Projected Net Savings or Projected Net Additional Revenue) \$ _____

Names of Work Units: _____

8. Brief explanation of how the above work unit referenced in item 7. Relates to the generation of the savings or additional revenue:

9. If the suggestion is projected to result in savings to the University, complete the following:
 Total Operating Expenditures (e.g. , Salaries, OPS, Expenses: and One Year's Amortized Cost
 of any Equipment during 12 Months Preceding Implementation (From _____ To _____). _____

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Subtract: Total Estimated Operating Expenditures (e.g., Salaries, OPS, Expenses) and One Year's Amortized Cost of any Equipment during 12 Months following implementation (From _____ To _____). _____

Other Adjustments (Describe on an Attached Sheet). _____

Projected Net Savings _____

10. If the suggestion is projected to result in additional revenue to the University complete the following:

Total Projected Revenue for 12 Months Following Implementation (From _____ To _____). _____

Subtract: Total Actual Revenue for 12 Months Preceding Implementation (From _____ To _____). _____

Subtract: Additional Operating Expenditures (e.g., Salaries, OPS, Expenses) Incurred to Implement Suggestion during 12 Months Following Implementation (From _____ To _____). _____

Subtract: One Year's Amortized Cost of Equipment Purchased to implement Suggestion; Total Equipment cost of \$ _____ divided by Estimated Useful Life (Years) _____

Other Adjustments (Describe on an Attached Sheet).

Projected Net Additional Revenue

11. List of Administrative Incentive Bonus Payments (Each bonus shall not exceed one-half of the bonus given to each employee who made the suggestion):

<u>Names of Persons Receiving Administrative Incentive Bonus</u>	<u>Relationship of Suggestor and Person Receiving Bonus*</u>	<u>Payment Amount</u>
_____	_____	_____
_____	_____	_____

Total Administrative Incentive Bonus Payments (Limited to 10% of the Projected Net Savings or the Projected Net Additional Revenue). _____

Note: *Administrative Incentive Bonuses are limited to the immediate supervisor of the employee who submitted an implemented suggestion and the next higher level supervisor. Supervisors at the level of Vice President or above are not eligible.

Date of Annual Evaluation of Unit's Contribution to IEP, Required by Rule 6C-8.010(8), F.A.C.: _____

I certify that the amounts shown on this form and any attachments are: complete and accurate; supported by schedules which summarize the actual and projected expenditure or revenue transactions; traceable to the official accounting records of the university; and, where applicable, traceable to contracts, Statewide document numbers, warrant numbers and other identifying codes. Further, I certify that the requested payments are in compliance with the University's approved implementation Plan, the State University System Practice No. 00-000-4-01-19, Rule 6C-8.010, F.A.C., and Section 240.2112, F.S.

University's IEP Administrator:

University Controller or Assistant Controller:

Signature Date

Signature Date

Title Phone

Title Phone

If additional space is needed, attach a separate sheet.