TO: HUMAN RESOURCES DEPARTMENT

Employee(s) Being Nominated for Award: __________________________________________________________
NOTE: Temporary, Contract, and Probationary employees are not eligible (Please print first and last name)

Employee Nominating the Above Person for the Award: _____________________________________________

Department Director Approval: ___________________________ Department: ___________ Date: ___________

COST-SAVINGS IDEA AWARD CRITERIA

The Cost Savings Award recognizes an individual or team that has developed significant ideas and transferable innovations that use new or improved approaches resulting in measurable savings validated by the Department Director. One award is given each year.

Nominations must be accompanied by a written description detailing at least two of the below criteria. Award decisions are based solely on this description, so please provide plenty of detail.

- **Initiative**
  Developed trend-setting initiative(s) or transformations that improved efficiency in operations or services or resulted in savings or benefits (internal or external) in areas such as, but not limited to, environment, technology, resources management, finances, learning, program design, or delivery and policy.

- **Creativity**
  Created an original idea or uniquely adapted an existing program, process or concept, which resulted in a quantifiable long-term benefit to the City of Vernon.

- **Innovation**
  Developed and implemented an innovative idea that resulted in a measurable savings validated by the Department Head.
• **Significance**
  Implemented a significant organizational change or practice that increased productivity and has the potential to be replicated or adapted in other City departments.

• **Additional Information**

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**November 5th** is the deadline for all nominations, and forms must be received by the Human Resources Department by this date.

***Official Use Only Below***

The above mentioned candidate(s) has been: _____ selected ______ non-selected

Human Resources Approval ___________________________ Date: ______________

City Administrator Approval ___________________________ Date: ______________