

**Policy: AD-09-01**

**Policy Title: Recording Productivity and Cost-Cutting Ideas per Annual Performance Review**

**Policy Purpose: to ensure each associate provides productivity and cost-cutting ideas as part of their annual performance goals**

**Implementation Date: 1/29/2009**

**Revision Date: N/A**

**CITY OF WESTFIELD  
PUBLIC WORKS DEPARTMENT**

**RECORDING PRODUCTIVITY AND COST-CUTTING IDEAS PER  
ANNUAL PERFORMANCE REVIEW POLICY**

This policy is to assist in ensuring that each associate as part of their Performance Goals each year, record and file each of the following requirements:

- Generate and document at least two (2) ideas per year that help the organization improve productivity;
- Generate, document and implement at least one (1) cost-cutting idea that when implemented, does not reduce productivity;

This requirement shall be a part of each associate's goals each year and recorded within the Specific Goals section, under Cost Savings of policy AD-06-03, Performance Planning and Evaluation.

The attached form of this policy is to be used. Once an associate as completed one of the above requirements they are to fill out the form in its entirety and forward the form on to their supervisor for their approval. The form is then forwarded to the Director for final approval and implementation. The form is then to become apart of their Annual Performance Review document.



Kurt J. Wanninger, Director  
Westfield Public Works Department

# PRODUCTIVITY AND COST-CUTTING FORM



This form is to be used to record each associate's productivity and cost-cutting idea's per policy AD-09-01, Recording Productivity and Cost-Cutting Ideas per Annual Performance Review. Please fill out this form in its entirety.

Associate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Idea: **PRODUCTIVITY** or **COST-CUTTING** (please circle one)

Describe in detail how the idea improves productivity or cost-cutting. As an example, this would show how much time is saved by implementing a productivity idea or provide how the idea would impact the department in cost savings.

Associate's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Implemented: \_\_\_\_\_

Note: Supervisor, ensure form is attached to their Annual Performance Review document.