

# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>02-128D</b>	<b>PAGE NUMBER</b>  <b>1 of 5</b>
		<b>SUBJECT:</b>  <b>HUMAN RESOURCES: Employee Award, Recognition, Length of Service and Suggestion Programs</b>	
<b>Approved By:</b>   <b>Secretary of Corrections</b>		<b>Original Date Issued:</b> <b>05-27-15</b>	<b>Replaces Version Issued:</b> <b>N/A</b>
		<b>CURRENT VERSION EFFECTIVE: 05-27-15</b>	

<b>APPLICABILITY:</b>	<input type="checkbox"/> <b>ADULT Operations Only</b>	<input type="checkbox"/> <b>JUVENILE Operations Only</b>	<input checked="" type="checkbox"/> <b>DEPARTMENT-WIDE</b>
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## POLICY STATEMENT

The Kansas Department of Corrections is committed to recognizing employees who provide outstanding contributions to the mission and objectives of the Department through excellence in performance and service or for providing a suggestion that results in a cost savings or in enhanced efficiency or effectiveness for the Department.

## DEFINITIONS

Distinguished Accomplishment: A notable event or achievement that is significant in scope, effort, or impact on Departmental operations or service to citizens.

Innovation: Significant process improvement or removal of barriers that prevent improvement of services.

Length of Service: Recognition of notable anniversaries in service to the State of Kansas, which includes at least 10, 20, 30, 40, and 50+ anniversaries.

Management Team (MT): The team that provides agency management oversight comprised of the following positions: Secretary of Corrections, Deputy Secretary of Community and Field Services, Deputy Secretary of Facilities Management, the Deputy Secretary of Juvenile Services, Chief Legal Counsel, Senior Counsel to the Secretary for Litigation and Legislative Matters, Special Assistant to the Secretary/Director of Communications, Director of Fiscal Services, Director of Human Resources, the Director of Information Systems, Director of Victim Services, Director of Prison Review Board, Legislative Liaison, and Director of Enforcements, Apprehensions and Investigations.

Meritorious Service: Execution of the duties of the position far beyond the service level commonly expected that is of great benefit to, or reflects highly on, the Department or state.

Non-monetary Awards: Awards such as plaques, certificates of achievement, trophies, cups, mugs, shirts, caps and other miscellaneous items.

Suggestion: An original idea, method or device, submitted through a formal documented process for evaluation that results in a cost reduction through increased efficiencies or savings in the operation of the Department.

System Management Team: The Management Team, wardens, parole directors, Director of Release Planning, and the Director of Kansas Correctional Industries.

## PROCEDURES

### I. Implementation and Operation of the Programs

- A. The Secretary shall appoint both a program coordinator and a review committee.
  1. The review committee shall consist of members of the System Management Team. Members shall serve at the pleasure of the Secretary, but not longer than one (1) year.
  2. At the request of either the program coordinator or a review committee member, subject matter experts or technical personnel may be requested to provide assistance.
  3. The review committee shall meet at least once every three months.
- B. Nominations for awards/recognition and suggestions may be submitted to the program coordinator or any System Management Team Member by any employee within the Department.
- C. When a nomination or suggestion is received the program coordinator shall:
  1. Assign a nomination or suggestion number and acknowledge receipt;
  2. Enter nomination or suggestion data into tracking system;
  3. Review the nomination or suggestion for eligibility and/or exclusion by the program. Ineligible suggestions are:
    - a. Duplications of previous nomination or suggestions;
    - b. Related to a personal grievance or complaint;
    - c. Concerning classifications and/or pay;
    - d. Resulting from a Department or State sponsored study, audit, or survey;
    - e. The result of the suggesting employee failing to follow established policy or procedures; and/or,
    - f. Unclear or non-specific.
  4. If it is determined that the nomination or suggestion is not eligible, the program coordinator shall notify the person submitting the nomination or suggestion of that decision.
  5. For those nominations or suggestions determined to be eligible, the program coordinator shall conduct a preliminary review to determine who should evaluate the nomination or suggestion; and
  6. Forward the nomination and employee suggestion forms to the review committee.
    - a. The review committee shall evaluate each submission and determine if the nomination or suggestion warrants further review.
      - (1) If the committee determines that no further review is warranted, they shall return the suggestion to the program coordinator with a written explanation of the reasons for the determination.
      - (2) If the committee determines that further review is warranted, the review committee shall evaluate the merits of the nomination or suggestion to determine if an award is appropriate and submit a completed Employee

Suggestion Program Evaluation Form (Attachment A) to the program coordinator.

- D. After a suggestion has been evaluated and a final determination has been reached, the program coordinator shall notify the submitting employee of the final decision on the suggestion.
- E. The program coordinator shall submit a copy of each approved suggestion and evaluation form (Attachment A) to the Division of Budget.
  - 1. A follow-up evaluation form shall be submitted to the Division of Budget following the initial 12 months of implementation of the suggestion.

## **II. Award and Recognition Program**

- A. A supervisor or co-worker may nominate an employee or a group of employees for a distinguished accomplishment, meritorious service or for innovation in the workplace by submitting a completed Employee Award and Recognition Program Nomination Form (Attachment B) to the program coordinator or to any member of the system management team.
  - 1. A distinguished accomplishment award may be awarded to a recipient for an event or demonstrated extremely long-term contribution to the Department's programs or mission.
  - 2. A meritorious service award may be awarded to an employee or a group of employees who has made an exceptional continuing contribution to the Department's mission.
  - 3. An innovation award may be awarded to a recipient who has developed a process or program that significantly improves the Department's operations.

## **III. Suggestion Program**

- A. An employee or a group of employees may submit a suggestion to the program coordinator on the Employee Suggestion Program Suggestions Form. (Attachment C).
- B. Employee suggestions must include the following information:
  - 1. A detailed statement of the present method or situation;
  - 2. A detailed explanation of the suggested improvements;
  - 3. A statement of how the suggestion fits within the Department's mission;
  - 4. An explanation of how the suggestion reduces costs or improves efficiencies;
  - 5. The estimated first year's cost savings; and,
  - 6. Detailed description of the method used to determine the cost savings.
- C. An employee in the classified, unclassified or unclassified temporary service whose suggestions is adopted and results in a cost reduction through increased efficiencies or other economic savings in the operation may be awarded a one (1) time cash award.
  - 1. System Management Team and members of the facilities or parole offices management teams are not eligible for a cash award.
  - 2. An employee who is responsible for managing and evaluating a program for efficiencies or who has had the responsibility for managing or evaluating a program within the previous two (2) years is not eligible for a monetary award for suggestions related to such program(s).

- D. The Department shall pay the award at the end of the first twelve months of implementation.
  - 1. The total gross value of the award shall be 10% of the actual documented cost reduction of the first 12 months of implementation of the suggestion, up to a maximum of \$37,500.
    - a. An award presented to a group of employees shall be divided among group members for a total of no more than 10% of the documented cost reduction, up to a maximum of \$37,500.
- E. If the employee leaves state service prior to the end of the first 12 months of implementation, the employee will not receive an award for the suggestion.
- F. All awards given are non-discretionary and must be included in the employee's regular rate of pay for calculating overtime.
- G. Suggestions that are not implemented or that are determined to be ineligible for a cash award may be reconsidered within one (1) year of the original suggestion under the following conditions:
  - 1. The submitting employee provides new facts, raises significant issues or demonstrates the review committee made a material error that affected the outcome; and/or,
  - 2. The suggestion was implemented without benefit of proper recognition.
- H. Suggestions that are denied or determined to be ineligible shall not be subject to the Department's grievance process.
- I. Suggestions submitted through the Employee Suggestion Program become the property of the Kansas Department of Corrections.
- J. The Secretary retains total discretion both as to the fact of an award and as to the amount and nature of any award.
  - 1. The amount of any award shall be determined by the Secretary without any prior promise or agreement.
  - 2. The employee has no contract right, express or implied, to any award.
  - 3. No award shall be paid pursuant to any prior contract, agreement or promise.

#### **IV. Length of Service**

- A. Service pins will be awarded annually to employees who reach 10, 20, 30, 40, 50+ years of service at a ceremony to be determined by the facilities/departments.
  - 1. Human Resources will order service pins prior to the recognition date.
  - 2. The Department of Administration will recognize employees with 40 and 50+ years of service at a formal ceremony held annually.
- B. Other length of service milestones may be recognized at the discretion of the appointing authority.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any

such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

K.A.R. 1-29-1A

**ATTACHMENTS**

<b>Attachment</b>	<b>Title of Attachment</b>	<b>Page Total</b>
A	Employee Suggestion Evaluation Form	2 pages
B	Employee Award and Recognition Program Nomination Form	2 pages
C	Employee Suggestion Program Suggestion Form	1 page

# Employee Suggestion Program Evaluation Form

Date \_\_\_\_\_

Suggestion ID Number: \_\_\_\_\_

## Suggestion Eligibility

If the suggestion concerns any of the following, indicate which and explain:

- |  |  |
|--|--|
| <input type="checkbox"/> Personal grievance or complaint                               | <input type="checkbox"/> Classification and pay                    |
| <input type="checkbox"/> Unclear or non-specific method                                | <input type="checkbox"/> Established procedures not being followed |
| <input type="checkbox"/> Matters that are the result of studies, audits, surveys, etc. |  |

Does the suggestion accurately describe the current method or situation?

- Yes                       No (If no, what is the actual method or situation?)

Can the suggestion be implemented either fully or partially?

- Yes                       No (Explain giving specifics; attach a separate page if needed.)

Has this suggestion previously been proposed or under consideration?

- Yes                       No (If yes, what action was taken or is being taken?)

## Evaluation of Cost Savings

Agency estimated cost reduction, please describe and show calculations:

Agency Action	
<input type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted	
Documented Savings Following 12 Months Implementation	Date:
Date Implemented:	Date:
Results:	
Actual Cost Reduction:	
Amount of Award:	Date Paid:
Coordinator Signature:	Date:
Results Forwarded to the Division of Budget	Date:
Division of Budget Receipt	
_____ Initials                                      Date	

Retain in Employee Award/Suggestion File

Destroy after 3 years

# Department of Administration Employee Award and Recognition Program Nomination Form

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Date:

Nomination ID Number:

<b><i>Nominee Information</i></b>	
Name:	Job Title:
Agency:	Division/Unit:
Work Address:	City, State, Zip Code:
Work Phone:	Name of Supervisor:
<b><i>Nominator Information</i></b>	
Name:	Relationship to Nominee:
Work Address:	City, State, Zip Code:
Work Phone:	Signature:
<b><i>Award Categories: Please mark the category for nomination.</i></b>	
<input type="checkbox"/> Distinguished Accomplishment	<input type="checkbox"/> Meritorious Service
<input type="checkbox"/> Innovation	<input type="checkbox"/> Kansas Quality Management
<input type="checkbox"/> Volunteerism	

**Please provide an explanation as to why this nominee should be selected for the award category marked above. Also indicate if additional supporting documentation is needed.**

**Program Coordinator Section**

Date Nomination Received:

Date Forwarded to Selection Committee:

**Supporting Documentation Attached: Please list below.**

Program Coordinator Name:

Program Coordinator Signature & Date:

**Award given: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list award: \_\_\_\_\_**

