

# Teamwork Incentive Program

Authorization Form

Response fields on pages 1 and 2 should be completed by the agency's designated Productivity Board Coordinator.

## Project Summary

Agency: \_\_\_\_\_

Team Name: \_\_\_\_\_

Executive Summary:

Percent Award: \_\_\_\_\_

Up to 25% of net savings and revenue realized during the project period may granted as an award to participating team members. The team award shall be divided and distributed in equal shares to members of the team, except those who have worked within the team for less than the TIP project period or less than full time during the project period shall receive a pro rata share based upon the fraction of the TIP project period worked.

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Authorization Form



Secretary of State  
Productivity Board

## Project Team

|                   |            |
|-------------------|------------|
| Team Member Name: | Job Title: |
| Telephone:        | Email:     |

|                   |            |
|-------------------|------------|
| Team Member Name: | Job Title: |
| Telephone:        | Email:     |

|                   |            |
|-------------------|------------|
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| Telephone:        | Email:     |

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## Authorizing Signatures

As certified by my signature below, I have reviewed and agree with the information provided in this report and support the team receiving the award recommended. I approve the above named project team to participate in the Teamwork Incentive Program.

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Agency Head or Designee Date

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Team Manager/Supervisor Date

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Fiscal/Budget Officer Date

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Other (specify): Date

The Agency Head may require other signatures as necessary. They may also waive any signatures, apart from their own, at their discretion. Please use the following response sections to indicate which, if any, signatures should be required or waived.

Required: \_\_\_\_\_

Waived: \_\_\_\_\_

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Agency Head or Designee Date