



City of Round Rock Ideas that Rock Application

Recognizing innovative ideas from City Employees

Innovation Name _____ Date submitted _____

Team Members (Max of 6 eligible for quarterly leave; please list additional supporting staff on page 2)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please check all that apply and substantiate, with a brief description, at least one must be checked.

- Saves time _____
- Improves services to customer _____
- Saves money _____
- Improves morale _____
- Improves performance _____
- Improves safety _____
- Improves the community _____

Project Summary

Tell us about your project and why it Rocks! (Additional pages may be attached if necessary)

Please list additional supporting staff (if applicable) who helped made your innovative idea a reality. These employees will be eligible to receive a letter of commendation and certificate of recognition.

Once your email is received, it will be delivered to your department liaison for further processing. The application will be reviewed and approved by the department Director and Manager, then will be processed by the innovations team. Thank you for allowing the Innovations Team to recognize your idea!

Approval Status	
Immediate Supervisor: () Concur () Do Not Concur	Department Head: () Concur () Do Not Concur
Comments: _____ _____	Comments: _____ _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Innovations Team: () Approve () Do Not Approve () Return for further information on _____	Recommended Action: () Letter of Commendation () Certificate of Recognition () Quarterly Leave Time
Date of Team approval: _____	
Date of Award Presentation: _____	
Quarter for Leave Time: _____	() The Annual Rock Award