# EMPLOYEE IT COST SAVINGS SUGGESTION

## Identification

|  |  |
| --- | --- |
| Employee Name: |  |
| Date: |  |
| Position/Title |  |
| Agency/Department |  |

## Description

|  |
| --- |
| Please state the nature of your suggestion, including how it decreases costs to the state: |
|  |

## Current Costs

|  |  |
| --- | --- |
| Please explain the current costs to support the software/hardware. Please attach a completed cost benefits analysis (CBA) or complete, to the best of your knowledge, the estimates below for labor, software, hardware and other resources. | |
| Labor: |  |
| Hardware: |  |
| Software: |  |
| Professional Services: |  |
| Other: |  |
| Total Cost of Current System: |  |

## Future Costs

|  |  |
| --- | --- |
| Please explain the future costs to implement and support the proposed software/hardware. Please attach a completed CBA or complete, to the best of your knowledge, the estimates below for labor, software, hardware and other resources. | |
| Labor: |  |
| Hardware: |  |
| Software: |  |
| Professional Services: |  |
| Other: |  |
| Total Cost of Future System: |  |

## Planning

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| --- |
| Please outline the steps needed and the individuals/departments that must be involved to accomplish the suggestion set forth above. |
| 1. |
| 2. |
| 3. |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_