cosm Day 4 end-of-module assignment

Develop an incentive and recognition program

Purpose: To work as a team to develop an incentive and recognition program that will drive the safety culture of an organization.

Objectives:

* Develop an incentive and recognition program for a hypothetical organization.
* Practice utilizing the five phases of developing an incentive and recognition program.

Directions:

Using the handout provided and your participant manuals, work through the five phases of the incentive and recognition development process with your assigned team.

Each team will have thirty (30) minutes to complete this exercise. Follow the directions indicated on this handout for each phase. Upon completion, each team will then be given ten minutes to present their incentive and recognition program to the group and receive feedback from both the instructor and other class participants.

Participation is required for successful completion of this session. Each member of the team shall sign below indicating they have actively participated in this assignment. Following the final discussion, this form will be collected by the instructor.

|  |
| --- |
| **INCENTIVE AND RECOGNITION PROGRAM TEAM MEMBERS** |
| **Team Member *(Print Name)*** | **Team Member Signature** |
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 Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHASE 1: Goals & Scope

You must select at least one goal for each of the following business processes: Safety & Health, Quality and Production.

|  |  |  |
| --- | --- | --- |
| Overall Improvement(s) to Achieve | Business Process | Reach Goal By |
| 1 | **e.g., Increase number of audit recommendations completed** | **SH&E** | **Jan. 15, 2021** |
| 2 |  | **Safety & Health** |  |
| 3 |  | **Quality** |  |
| 4 |  | **Production** |  |
| 5 |  |  |  |
| 6 |  |  |  |

PHASE 2: Incentive Framework

For each goal in Phase 1, determine the leading performance measure(s) which supports your goals, the incentive *(reward, award, and/or recognition)* received for meeting the performance measure, and who, when and how that incentive will be presented.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal # | Leading Performance Measures *(What must be done to meet goals)* | Specific Recognition/IncentiveReward/Award | Incentive Distribution | Estimated Cost of Incentive |
| *Who* | *When* | *How* |
| **1** | **75% of all SH&E audit recommendations completed** | **Catered Lunch** | **B.R. Site** | **Quarterly** | **Present at Safety Meeting** | **$250** |
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PHASE 3: Communication Plan

Now that you have determined your overall goal and the incentive framework of your safety incentive and recognition program, you will need to develop a communication plan for both the employees involved and management.

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| --- | --- | --- | --- | --- | --- |
| Audience*Who receives the message?* | Dept. | Communication Objective*What do you want to accomplish with message?* | Your Message*What are you going to say and how?*  | Channel(s)*How will you deliver the message?* | Timing - Date(s)*When will you deliver?* |
| **Pilot Participants** | **B.R. Operations** | **Ensure participants understand the expectations and results of the incentive program.** | **Presentation introducing and explaining the incentive program in detail** | **Meeting with follow-up email prior to official launch** | **1/10/2020** |
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PHASE 4: Run the Program

Complete the table below by determining when your pilot will run and when your incentive program will be fully implemented. The columns “Pilot Success?” and “Pilot Feedback” are not required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pilot Start Date | Pilot Participants | Pilot End Date | Pilot Success? | Pilot Feedback | Implementation Start Date |
| **1/15/20** | **B.R. Operations** | **12/15/20** | **TBD** | **TBD** | **1/15/2021** |
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PHASE 5: Success Measures

Below is an example of one way to document and determine if your incentive program was successful.

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| --- | --- | --- | --- | --- |
| Goal # | Incentive Measure | What WORKED? | What DIDN’T Work? | Suggested Adjustment |
| **1** | **75% of all SH&E audit recommendations completed** | **TBD** | **TBD** | **TBD** |
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Instructor Notes and Signature:

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Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_