

**Staff Appreciation and Recognition (STAR) PLAN
UC Irvine STAR Nomination Form**

NAME of NOMINEE: _____ EMPLOYEE ID: _____

JOB TITLE: _____ JOB TITLE CODE: _____

UNIT/DEPARTMENT NAME: _____

TYPE OF AWARD

- ACHIEVEMENT** – For sustained exceptional performance and/or significant contributions above and beyond normal performance expectations.
- RECOGNITION** – For special contributions to a specific project or task or group projects or tasks accomplished over a relatively short period of time.
- EXCELLENCE IN LEADERSHIP** – For exceptional leaders who inspire employees to focus their individual talents on the goals of the organization and contribute at the highest level, and are guardians of the culture and exemplars in living the organization’s values.

REQUESTED AMOUNT OF AWARD: _____ Up to \$5000 for Achievement Award (less taxes)
Up to \$750 for Recognition Award (less taxes)
Up to \$1000 for Leadership Award (less taxes)

RATIONALE FOR AWARD – Provide a brief description (1-3 paragraphs of the specific reason for nomination and reference one or more of the award criteria, as described in the published STAR guidelines).

ELIGIBILITY FOR AWARD (check all that apply):

- The nominee is not represented by a bargaining unit.
- The nominee is represented by the CX bargaining unit.
- The nominee is a contract appointee and award eligibility (PPSM 34) is incorporated into the terms of the contract.
- The nominee regularly demonstrates a level of performance that effectively contributes to UCI’s success. (For CX employees, this means a performance rating of at least “Meets Expectations”.)

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NOMINATOR'S NAME: _____ TITLE: _____

NOMINATOR'S UNIT: _____ PHONE: _____

OFFICE ADDRESS: _____ E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

NOMINEE'S SUPERVISOR (if other than nominator):

NAME: _____ SIGNATURE: _____ DATE: _____

NEXT LEVEL OF AUTHORITY

NAME: _____ SIGNATURE: _____ DATE: _____

VC or DEAN

NAME: _____ SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

AWARD APPROVED

AWARD AMOUNT: _____

Up to \$ 5000 for Achievement Award (less taxes)
Up to \$750 for Recognition Award (less taxes)
Up to \$1000 for Leadership Award (less taxes)

AWARD TYPE CHANGED

AWARD AMOUNT: _____

Reason for change to award type:

AWARD DENIED

Reason for Denial:

Dept/Unit Administrator Name: _____ Signature: _____

Job Title: _____ Date: _____

Please complete this form and place a copy in the employee's personnel file. Copies of documentation must be made available to Campus Human Resources or Health Sciences Human Resources upon request.