Staff Achievement 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”.)
Staff Appreciation and Recognition (STAR) PLAN
UC Irvine STAR Nomination Form

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, DEAN OR CHIEF
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, Health Sciences Human Resources or Medical Center Human Resources upon request.