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

☐ APPRECIATION – 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.

REQUESTED AMOUNT OF AWARD: ___________________________ Up to $5000 for Appreciation Award (less taxes)
Up to $750 for Recognition 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 has a rating of at least “Meets Expectations” for a Recognition Award or “Exceeds Expectations” for an Appreciation Award.
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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 Appreciation Award (less taxes)
Up to $750 for Recognition 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 Central Human Resources upon request.