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 UCI Staff Assembly use only)*** – 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 $10,000 for Achievement Award (less taxes)
Up to $1,000 for Recognition Award (less taxes)
Up to $1,000 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, SV, or RP 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, DEAN OR CHIEF

NAME:_____ SIGNATURE:_____ DATE:_____

SVP/VC-HR (required for Health)

NAME:_____ SIGNATURE:_____ DATE:_____

FOR OFFICE USE ONLY

☐ AWARD APPROVED AWARD AMOUNT:_____

Up to $10,000 for Achievement Award (less taxes)
Up to $1,000 for Recognition Award (less taxes)
Up to $1,000 for Leadership Award (less taxes)

☐ AWARD TYPE CHANGED AWARD AMOUNT:_____

Reason for change to award type:

☐ AWARD DENIED

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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 UCI Health Human Resources upon request.