

**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 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 Medical Center Human Resources upon request.