**OF F I CE OF T H E PR E S I DE N T I N N OVA T I ON A N D I MPA CT**

**AW ARD S**

**NOMINATION INFORMATION**

**WHAT IS AN OFFICE OF THE PRESIDENT INNOVATION AND IMPACT AWARD?**

Each year the Office of the President Innovation and Impact Awards will be presented to individual staff and teams who, in addition to performing their normal job duties, also take initiative and go above and beyond in their contributions to the UC Office of the President community.

These awards are among the most important honors bestowed upon staff by the President. The Office of the Vice President for Human Resources established and administers this award program. As in past years, recipients will be recognized at a ceremony with the President and other members of senior leadership.

**WHO IS ELIGIBLE?**

Nominees must be UCOP career staff. Employees who are members of the Senior Management Group

are not eligible. A staff member who has received an individual Innovation and Impact Award within

the last three years is not eligible for an individual award. However, he/she may receive a team award.

Nominations are due by

**FRIDAY, FEBRUARY 20, 2015**

• Nominations are accepted from all UCOP staff.

• Nominations need not come from the nominee’s supervisor or department.

• Nomination forms are included beginning on page two of this packet.

**QUESTIONS?**

Contact Sherry Perocier in OP Human Resources by email at: Sherry.Perocier@ucop.edu or by phone at (510) 287-­‐3819.

**OF F I CE OF T H E PR E S I DE N T I NN OVA T I ON A N D I MPA CT AW ARD S**

**TEAM NOMINATION FORM & INSTRUCTIONS**

**Nominations must be received by 5:00 pm on Friday, February 20, 2015.**

**EMAIL COMPLETED FORM AS AN ATTACHMENT TO:** Sherry.Perocier@ucop.edu

***(RECOMMENDED) OR***

**DELIVER/MAIL FORM TO:** Attention: Sherry Perocier

UCOP

1111 Franklin Street #6305B Oakland, CA 94607

Please complete one form for each team award. By submitting this form, you are agreeing to allow the use of quotes from your submission to honor your nominee or for future Office of the President Innovation and Impact Awards publicity. Only quotes from successful nominations will be used.

Check the box for the specific award category for which you are nominating the team:

 **Advancing the Mission**

Demonstrated extraordinary leadership resulting in the accomplishment of significant goals or work

products which serve the good of UC and/or UCOP; significant project management; one-­‐time innovation or creation that resulted in significant impact to UCOP – the impact may be monetary, organizational or process-­‐oriented and is not limited to technological innovations.

 **Commitment to OP Culture and Principles**

Demonstrated commitment to and/or promotion of service and stewardship in the UCOP

environment; significant improvement to the UCOP community; demonstrated tolerance of and respect for different viewpoints; dedication to making positive change especially in the area of morale; demonstrated superior interactions with and a positive influence on managers, peers, supervisors, subordinates and the UCOP community; significant aptitude for people management; strives to uphold UCOP’s  *Principles of Community*.

 **Connecting with Community**

Active and meaningful service in a local, state or national non-­‐profit community-­‐based organization resulting in a significant impact on the external community; voluntary individual effort with positive impact on the local community or its residents.

**OF F I CE OF T H E PR E S I DE N T I N N OVA T I ON A N D I MPA C T**

**AW ARD S**

**TEAM NOMINATION FORM & INSTRUCTIONS**

***Nominee:***

Nominee’s Job Title:

Department:

Telephone: E-­‐mail:

***Nominee's Supervisor (can be the nominator):***

Supervisor's Job Title:

Department:

Telephone E-­‐mail:

***Nominee:***

Nominee’s Job Title:

Department:

Telephone: E-­‐mail:

***Nominee's Supervisor (can be the nominator):***

Supervisor's Job Title:

Department:

Telephone E-­‐mail:

***Nominee:***

Nominee’s Job Title:

Department:

Telephone: E-­‐mail:

***Nominee's Supervisor (can be the nominator):***

Supervisor's Job Title:

Department:

Telephone E-­‐mail:

***Nominee:***

Nominee’s Job Title:

Department:

Telephone: E-­‐mail:

***Nominee's Supervisor (can be the nominator):***

Supervisor's Job Title:

Department:

Telephone E-­‐mail:

***Nominee:***

Nominee’s Job Title:

Department:

Telephone: E-­‐mail:

***Nominee's Supervisor (can be the nominator):***

Supervisor's Job Title:

Department:

Telephone E-­‐mail:

***Team Lead/Sponsor:***

Team Lead/Sponsor’s Job Title:

Department: Telephone:

E-­‐mail: Signature:

***(Continued on next page)***

**OF F I CE OF THE PRES I D ENT I NNO VATI O N AND I M PACT AW ARD S**

**TEAM NOMINATION FORM & INSTRUCTIONS**

**Part I:** Please explain how the person you are nominating is deserving of an Office of the President

Innovation and Impact Award by answering the following questions (please provide specific examples):

1. **How has the team taken initiative and gone above and beyond its job duties in the selected award category?**
2. **How is the team’s contribution to the UCOP community significant in the selected award category?**

**Part II**: Please summarize your nomination below in no more than 150 words. Please be concise and specific in your description as it relates to the selected award category.