**STAFF APPRECIATION AND RECOGNITION (STAR)**

**UCOP Nomination Form**

Please complete this form and send to [StarAwardSubmissions@UCOP.edu](mailto:StarAwardSubmissions@UCOP.edu)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Nominee: | | Employee ID: | | | | | Employee  Unit/Department: | | |
| Employee Job Title: | | Job Title Code: | | | | |
| Amount of Award: | | | | | | FAU:  **USE SUB 01 ONLY** | | | DOS Code: XSL |
| * Provide a brief description (2 paragraph limit) of the specific reason for nomination and link to one or more of the award criteria. Describe how the employee or team completed work on a specific project or event that is above and beyond the normal scope of an employee’s regular job scope that warrants a STAR Award.   . | | | | | | | | | |
| Nominator Name: | | | Signature:        *(electronic signature accepted)* | | | | | Date: | |
| Nominator’s Unit/Department: | | | | | | | | | |
| Nominator’s email address: | | | | | | | | Phone: | |
| **Eligibility for award (all criteria must be met):**  Nominee is a: policy-covered career PSS employee, MSP employee, or exclusively represented employees in the Clerical Unit (CX).  Nominee is on active pay status or on an approved unpaid leave.  Nominee has a performance rating of Successfully Meets Expectations or better overall rating on their most recent annual performance evaluation.  (PPSM 23 requires that written performance evaluations be completed annually.) New employees who have not yet received an annual performance evaluation may be eligible for an award if their manager confirms on the nomination form that they are “successfully meeting expectations” and attaches a written review of performance.  Nominee has worked on a specific project or event that is above and beyond the normal scope of his/her regular job scope | | | | | | | | | |
| **Approval Signatures (see STAR program guidelines for required approvals):**  **\*Information Required** *Note*: Approval signature includes budget approval for FAU listed above. | | | | | | | | | |
| **\***Employee Supervisor Name *:* | | | | **\***Approval Signature:  *(electronic signature accepted)* | | | | Date: | |
| **\***Department Head Name:  *(for all awards)* | | | | **\***Approval Signature:  *(electronic signature accepted)* | | | | Date: | |
| **\***Division Head Name: *(for all awards)* | | | | **\***Approval Signature:  *(electronic signature accepted)* | | | | Date: | |
| **Official Use Only:** | | | | | | | | | |
| Executive Director, Human Resources: **Name: Nancy Pluzdrak** | | | | Approval Signature: | | | | Date: | |
| Executive Director, Operations: **Name: Thera Kalmijn** | | | | Approval Signature: | | | | Date: | |
| Award Approved | Award Denied | | | | Reason for Denial: | | | | |