# UCD STAR PLAN NOMINATION FORM
**NON-REPRESENTED AND CX STAFF ONLY**
**PLAN YEAR JULY 1, 2020 – JUNE 30, 2021**

**PART ONE:** To be completed by the individual making a nomination of an eligible employee.

- [ ] Individual Award
- [ ] Team Award (submit info on each team member separately)

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<th>NAME OF NOMINEE</th>
<th>DEPARTMENT</th>
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<tr>
<th>PAYROLL TITLE</th>
<th>SUPERVISOR</th>
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**Justification:** (Please state the nominee’s qualifications for this award, including as much specific information as possible concerning demonstrated actions which resulted in one or more of the following: **Exceptional performance:** Demonstrated and sustained exceptional performance that consistently exceeds goals and work expectations in quantity and/or quality. **Creativity:** One-time innovation that results in time/dollar savings, revenue enhancement, and productivity improvement; and/or ongoing innovative/creative activities that benefit organizational systems, protocols, and/or procedures. **Organizational abilities:** Exhibits extraordinary skills in leadership resulting in the accomplishment of significant departmental or divisional goals and objectives; effective project management, which could include developing a project and/or implementing a project with substantial success; and/or demonstrating organizational capability leading to a greater level of effectiveness. **Work success:** Significantly exceeding productivity, customer service, or similar goals, including demonstrating superior interactions with managers, peers, supervisors, subordinates, the University community, and/or clients and customers served. **Teamwork:** Acting as an exceptionally effective and cooperative team member or team leader for a team that has significantly exceeded the goals/objectives of the department/unit.)

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<tr>
<th>NAME OF NOMINATOR</th>
<th>PHONE</th>
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<tr>
<th>SIGNATURE OF NOMINATOR</th>
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| NOMINATOR’S TITLE | NOMINATOR’S DEPARTMENT |
PART TWO: To be completed by department administrators. If approved, forward to the appropriate Dean, Vice Provost, or Vice Chancellor for final review and approval.

1. Rating on most recent performance evaluation: 

2. Nominee’s Classification and Annual Pay Rate: 

3. Amount of award: $ ________ % of Award: ________
   (may not exceed 10% of annual pay rate or $10,000 whichever is less)

4. Nominee’s Date of Hire: 

5. Nominee’s Appt Type:  □ Career

6. Comments of Supervisor (if different from nominator):

SIGNATURE OF SUPERVISOR __________________________ DATE __________

7. Comments of Department Head:

APPROVAL OF DEPARTMENT HEAD/DIRECTOR __________________________ DATE __________

8. Account/Fund Number from which employee is paid: 

PART THREE: To be completed by Provost, Dean or Vice Chancellor. Approval is required for awards between $501 and $4,999.

9. Award:  □ Approved  □ Denied

APPROVAL OF PROVOST, DEAN, OR VICE CHANCELLOR __________________________ DATE __________

PART FOUR: To be completed by the Office of the Chancellor. Approval is required for awards of exceeding $5,000.

10. Award: □ Approved  □ Denied

APPROVAL OF CHANCELLOR __________________________ DATE __________