

**UCD STAR PLAN NOMINATION FORM  
NON-REPRESENTED, CX, AND K3 STAFF  
ONLY PLAN YEAR JULY 1, 2024 – JUNE 30, 2025**

**For UC Davis *Campus* Employees Only**

**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)

\_\_\_\_\_  
**NAME OF NOMINEE**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**PAYROLL TITLE**

\_\_\_\_\_  
**SUPERVISOR**

**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.)

\_\_\_\_\_  
**NAME OF NOMINATOR**

\_\_\_\_\_  
**PHONE**

\_\_\_\_\_  
**SIGNATURE OF NOMINATOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOMINATOR'S TITLE**

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**NOMINATOR'S DEPARTMENT**

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**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)*

The processes for all STAR Plan cash awards require endorsement of the employee's immediate supervisor and approval of the next level manager. STAR Plan cash awards over \$500 also require department head approval.

4. Nominee's Date of Hire: \_\_\_\_\_
5. Nominee's Appt Type:  Career  Contract
6. Comments of Supervisor (if different from nominator):

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**SIGNATURE OF SUPERVISOR**

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**DATE**

7. Comments of Department Head:

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**APPROVAL OF DEPARTMENT HEAD/DIRECTOR**

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**DATE**

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

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**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

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**APPROVAL OF PROVOST, DEAN, OR VICE CHANCELLOR**

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**DATE**

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

10. Award:                       Approved                       Denied

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**APPROVAL OF CHANCELLOR**

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**DATE**