



STAFF APPRECIATION AND RECOGNITION STAR AWARD REQUEST FORM

Fiscal Year July 1, 2023 through June 30, 2024

(STAR awards have an earlier deadline (May 31st) due to Payroll processing constraints)

Employee Name: _____

UCPath ID: _____

Job Title: _____

Employed By: Medical Center School of Medicine Betty Irene Moore School of Nursing
(Please provide SOM account number)
S-

Department: _____

Employee Group: Staff* Supervisor** CX Staff K3 Staff

* Non-represented employee.

** Supervisors who are eligible for a flat dollar (\$1,200) CEMRP 2 award are eligible. Supervisors who are eligible for a percentage of their salary CEMRP 2 award are not eligible.

(*) (**) Policy-covered career PSS, supervisors, Clerical (CX), and K3 represented employees are eligible.

Reason for award:

- Above and beyond excellent service
 Above and beyond excellent patient care
 Exemplary contributions (i.e. project achievement)

Please provide a brief description as to why this employee is deserving of a STAR award and select the award amount:

Select Value Amount: \$500 \$1000

Use additional paper if needed

Employee's Dept Manager (Please Sign): _____ Phone _____

Nominator (Please Sign): _____

Date: _____

(Award must be approved by department manager prior to submission)

Please forward all requests to:

Ben Gamez

UC Davis Health Employee Recognition Manager

E-mail: bgamez@ucdavis.edu

<http://intranet.ucdmc.ucdavis.edu/hr/recognition/employ.shtml>