

STAFF APPRECIATION AND RECOGNITION (STAR) FY17 UCSF STAR Nomination Form

Instructions:

Section A: Nominator completes Section A. If you are not the manager of the nominated employee, consult with the nominated employee's supervisor prior to submitting this form.

Section B: Nominator gives Nomination Form to Employee's supervisor to complete Section B.

Section C: Supervisor submits nomination form via department/control point communicated process. Control Point and/or delegate will approve and submit to Human Resources via an SRS ticket for final review and payroll processing.

Human Resources: Once the nomination has been approved by Human Resources it will be forwarded to the Transaction Services Unit for processing.

- Departments should refer to Spot Award payment calendar to obtain the payout date of Spot award to be included in award letter.
- All Achievement awards are scheduled for **payment on May 24, 2017**.
- Achievement award requests must be submitted **via an SRS ticket by April 28, 2017** to be included in the FY17 STAR Achievement Award program.
- Department will generate a STAR Award letter using the award letter template. Nominator of award may customize letter to provide specific content relevant to accomplishment.
- Awardees receive an award letter and cash award (less taxes) in an upcoming check (via standard method of payment, i.e. Direct Deposit).
- The award letter can be presented to the employee prior to the award payment, but award letter should include the payment date of the award.

A. THIS SECTION TO BE COMPLETED BY NOMINATOR

Name of Nominee:		Employee ID#:	
Name of Nominator:		Today's Date:	
Are you the supervisor of the employee that you are nominating?		<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Type of Award:	<input type="checkbox"/> Achievement Award <input type="checkbox"/> Spot Award		
Provide a brief description of the specific reason for nomination. If nomination for an Achievement Award, describe the linkage to the specific Chancellor's Priorities and/or Pride Values. Additional documentation can be attached to the nomination form if needed to support award justification.			

B. THIS SECTION TO BE COMPLETED BY SUPERVISOR OF NOMINATED EMPLOYEE

Employee's Job Title:		Job Title Code:	
Department Name:		Supervisor Name:	
Eligibility for award questions:			
Completed Probationary Period by payment date of award. Must have passed probationary period by payment date. For example, employee must pass probationary period by 5/24/17 for achievement award:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Last Performance Rating:		Date of last review:	
If Performance Evaluation is not in the last 12 months, then is Performance satisfactory? <small>*If Performance Evaluation (PE) is not satisfactory, then contact HR.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No*
Date of Hire:		Appointment Type:	
If approved, will the employee be on active pay status on award payout date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee a recent transfer from another UC Campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the employee participate in any other incentive plan, i.e. CEMRP2?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the employee's annual salary?	
Has the employee previously received a STAR award? If so, when? Achievement or Spot?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Achievement <input type="checkbox"/> Spot Date Received: _____	
If supervisor does not support nomination, then please provide feedback below on the reason. Manager should send declined nomination form to HR Generalist to file in employee personnel file.			

C. CONTROL POINT/DEPARTMENT STAR AWARD ADMINISTRATOR APPROVAL AND FUNDING INFORMATION*

**After all approvals are obtained, department submits nomination form and any other relevant information via an SRS ticket.*

NAME:								TITLE:			
SIGNATURE:								DATE:			
CONTROL POINT COMMENTS:											
FUNDING INFORMATION											
SPOT AWARD PAYMENT:											
TR	BU	FUND	DEPT ID	PROJECT	FUNCTION	FLEX	SUB	TITLE CODE	DOS CODE	AMOUNT	PERIOD END
FT	C			2014898			1		XLS		
ACHEIVEMENT AWARD PAYMENT:											
TR	BU	FUND	DEPT ID	PROJECT	FUNCTION	FLEX	SUB	TITLE CODE	DOS CODE	AMOUNT	PERIOD END
FT	C			2014897			1		XLS		

HR Use Only: HR Generalist validates that all eligibility criteria has been met. No employee can receive an award greater 10% of base salary or multiple awards totaling more than \$10,000. Any reward requests that result in an employee receiving more than \$5,000 in awards in a plan year are sent to Campus Compensation Consultant for Chancellor approval.

<input type="checkbox"/>	Are all eligibility criteria met? See responses to questions above. Must hold a career position (payroll code-appointment type "2"); or a contract position (payroll code-appointment type "1") at 50% time or more for a duration of six months or more (where eligibility is incorporated into the terms of the contract); or a limited position (payroll code – appointment type "3") and have at least six months of continuous service. Completion of probationary period where applicable. Satisfactory performance rating. On active pay status or approved unpaid leave at UCSF on the date that the cash payment is made. Does not participate in the clinical incentive program (CERMP2) or another type of incentive award program.										
<input type="checkbox"/>	Has employee received multiple awards this year? If so, total number of awards can't exceed \$10,000 or 10% of employee salary.										
<input type="checkbox"/>	<p>If employee receiving multiple awards in plan year, then list amounts and dates below.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 50%;">Award Amount</th> <th style="width: 50%;">Payment Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p><i>If total of multiple awards is more than \$5,000, then submit to Kellie Beale to obtain Chancellor approval.</i></p>	Award Amount	Payment Date								
Award Amount	Payment Date										
<input type="checkbox"/>	Achievement Award Denied, but approved for Spot Award. Award amount: \$_____. Reason for change from Achievement Award to Spot Award: _____.										
<input type="checkbox"/>	Award Approved. Award amount \$_____.										
<input type="checkbox"/>	Award Denied. Reason for denial: _____. Do not forward ticket to TSU. Cancel ticket.										

