



STAR PLAN NOMINATION FORM FOR FISCAL YEAR 2015-2016

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

NAME OF NOMINEE

ID NUMBER

PAYROLL TITLE

DEPARTMENT

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 or creation 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:** Exhibiting 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, quality of care 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

NOMINATOR'S TITLE OR AFFILIATION WITH UCLA

SIGNATURE

DATE

PHONE NUMBER

PART TWO: To be completed by department administrators. If approved, forward to the appropriate level for review and approval.

1. Rating on most recent performance evaluation: _____

2. Nominee's annual pay rate: _____

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

4. Does nominee hold a contract appointment (Appointment Type 1)?

5. Nominee's Date of Hire: _____

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

NAME OF SUPERVISOR

SIGNATURE

DATE

8. Approval of Department Head/Director:

NAME OF DEPARTMENT HEAD/DIRECTOR

SIGNATURE

DATE

9. Account/Fund number from which employee is paid: _____

10. Priority number (if submitting more than one nomination): _____

PART THREE: To be completed by the Office of the Dean, Provost or Vice Chancellor as applicable:

A. Award denied:

Award revised: _____

Return Incentive Award Nomination Form to Department Head.

B. Award approved:

NAME

SIGNATURE

DATE