

UCM STAR PROGRAM NOMINATION FORM INSTRUCTIONS

NON-REPRESENTED AND CX REPRESENTED STAFF ONLY

PLAN YEAR JULY 1, 2019 – JUNE 30, 2020

PART ONE: To be completed by the individual making the nomination of an eligible employee or team. Complete all sections including payroll title, account/fund number, rating on most recent performance evaluation, annual rate of pay, date of hired in current position, award amount and percent of salary awarded. Indicate type of appointment and whether employee is a CX, PSS or MSP. *For team awards*, attach a separate spreadsheet indicating employee names and all requested information. Be sure to sign and date as the nominator and forward to the next level approver. Nominator should be the employee's direct supervisor, manager, or department head.

PART TWO: Requires a one-over-signature. This section must be approved by a next-level manager, Dean, Department Head, Assistant/Associate Vice Chancellor, Vice Chancellor, or Chancellor/Chancellor's Designee. Indicate whether or not the award is endorsed. If not endorsed, check appropriate box and return to nominator. If nomination is endorsed, check appropriate box, sign, date and forward to the next level approver.

PART THREE: To be completed by Vice Chancellor, EVC/Provost, Chancellor/Chancellor's Designee. Indicate whether or not the award is endorsed. If not endorsed, check appropriate box and return to Dean/Department Head or Assistant Vice Chancellor. If nomination is endorsed, check appropriate box, sign, date and forward to the next level approver. Most STAR awards, after this level of approval, will be forwarded to Human Resources-Compensation at comp@ucmerced.edu.

PART FOUR: To be completed by Budget Office *if required (over \$5,000 or central funding)*: Indicate whether or not the award funds are approved. If not approved, check appropriate box and return to Dean/Department Head or Assistant Vice Chancellor. If funds are approved, check appropriate box, sign, date and forward to the next level approver.

PART FIVE: To be completed by the Vice Chancellors Council *if required (over \$5,000 or central funding)*: Indicate whether or not the award is endorsed. If not endorsed, check appropriate box and return to Dean/Department Head or Assistant Vice Chancellor. If nomination is endorsed, check appropriate box, sign, date and forward to Human Resources-Compensation at comp@ucmerced.edu.

PART SIX: Upon gaining all approvals and signatures as appropriate, forward completed document to **Human Resources-Compensation** at comp@ucmerced.edu. Once Compensation reviews for compliance and records award, completed STAR nomination will be submitted directly to HRPC for processing and Comp will notify the nominator when this is done. Nominators are responsible for notifying the employee after they have received notification from Compensation. Any questions relative to STAR awards should be directed to Compensation at comp@ucmerced.edu.

PART SEVEN: In order to meet the payroll processing schedules, all awards should be submitted **no later than April 30, 2020**. Requests received after that date will be returned for submission for the following Plan year.

Please note: To assure equitable distribution of STAR Plan awards to all eligible employees, total annual STAR Plan awards cannot exceed 0.8 percent of STAR-eligible employee department payroll budgets.

**UCM STAR PROGRAM NOMINATION FORM
NON-REPRESENTED AND CX REPRESENTED STAFF
ONLY PLAN YEAR JULY 1, 2019 – JUNE 30, 2020**

PART ONE: To be completed by the individual making a nomination of an eligible employee or team. All STAR awards must be submitted to HR-Compensation at comp@ucmerced.edu for review and processing.

☐ **Individual Award**

☐ **Team Award** in addition to this form, please complete a separate [Team Award Spreadsheet](#).

NAME OF NOMINEE, EMPLOYEE ID#

DEPARTMENT CODE/NAME

EMPLOYEE'S PAYROLL TITLE, TITLE CODE

SUPERVISOR (please print)

Account/Fund Number from which employee is paid: _____

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, creativity and/or innovation, organizational abilities, work success, or teamwork *(as outlined in the [Local Guidelines for Cash Incentive Awards](#))*.)

SELECT A JUSTIFICATION CATEGORY FOR THIS STAR AWARD:

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION REGARDING THE NOMINEE

Rating on Most Recent Performance Evaluation: _____

Annual Pay Rate: \$ _____ Hourly Rate: _____ Date of Hire _____

Appointment Percentage: _____% Appointment Type: ☐ Contract ☐ Career

Program: ☐ PSS ☐ MSP ☐ Represented (CX Only)

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

For Team Awards: Please attach a listing of all team members with the recommended award amounts for each individual. (Team Awards shall not exceed \$10,000 per individual team member)

SIGNATURE OF NOMINATOR (supervisor, manager, or department head)

DATE

PART TWO: *One-over-signature* to be completed by the Dean/Dept Head/ AVC, VC, Chancellor or Chancellor's Designee.

Check appropriate endorsement.

Nomination Endorsed: ☐

Nomination Not Endorsed: ☐ (If not endorsed, return to nominator)

NAME

TITLE

SIGNATURE

DATE

PART THREE: To be completed by the Office of the Provost, Vice Chancellor, or Chancellor's Designee:

Be sure to check appropriate endorsement.

Award approved: ☐

Award denied: ☐ (If Denied, Return Nomination Form to Department Head)

NAME

TITLE

SIGNATURE

DATE

PART FOUR: To be completed by the Budget Office *if required (over \$5,000 or central funding)*:

Award Funds approved: ☐

Award Funds denied: ☐ (If Denied, Return Nomination Form to Department Head)

Comments:

BUDGET OFFICE

DATE

PART FIVE: To be completed by the Vice Chancellors Council *if required (over \$5,000 or central funding)*:

Be sure to check appropriate endorsement.

Award Approved: ☐

Award Denied: ☐ (If Denied, Return Nomination Form to Department Head)

VICE CHANCELLORS COUNCIL

DATE

**PART SIX:
FOR HR USE ONLY**

Date Received in HR _____

Compensation analyst reviewed for compliance: _____ Date Sent to Payroll _____

Comp Analyst Approval Signature: _____