



UC Merced STAR Program Nomination Form Plan Year July 1, 2026 – June 30, 2027

Part One:

Select Nomination Category: ☐ Individual STAR ☐ Team STAR | Team Name: _____

Name of Nominee: _____ Employee ID: _____

Nominee's Payroll Title _____ Title Code: _____

Nominee's Home Dept: _____ Dept Funding the Award: _____
Example: M512 – Human Resources Example: M100 – Chancellor's Office

Most Recent Performance Evaluation Rating: Select One _____

Date of Hire: _____ Annual Salary: _____ Hourly Rate: _____ Appointment %: _____
For monthly-paid employees For hourly-paid employees

Union Code: Select Represented Code Appointment Type: Select Appointment Type Award Amount: _____ % of Salary: _____

Justification Category for this STAR Nomination: Select Justification Category

Chart of Accounts (CoA) String to pay for STAR: _____

Justification: Provide a detailed explanation of the nominee's qualifications, highlighting specific actions that demonstrate: exceptional performance, creativity, organizational abilities, work success, or teamwork, as outlined in the [Local Guidelines for Cash Incentive Awards](#).

REQUIRED: Nominator's Signature _____

_____ Date



Part Two: REQUIRED Supervisor Endorsement (sign twice if the supervisor is the nominator).

Check the appropriate endorsement: ☐ Nomination Endorsed ☐ Nomination *Not* Endorsed (return to nominator)

Name Title

Signature Date



Part Three: REQUIRED one-over signature to be completed by the EVC/Provost or Vice Chancellor

Check the appropriate endorsement: ☐ Nomination Endorsed ☐ Nomination *Not* Endorsed (return to nominator)

Name Title

Signature Date



Part Four: To be completed by the Vice Chancellor - CFO (required while the STAR plan is on a local pause)

Select one: ☐ Award Approved ☐ Award Denied (If denied, return form to nominator)

Vice Chancellor/CFO Date



Part Five: To be completed by the Chancellor or Associate Chancellor (required while the STAR plan is on a local pause).

Select one: ☐ Award Approved ☐ Award Denied (If denied, return form to nominator)

Chancellor or Associate Chancellor Date



Part Six: For HR Use Only

Based on published [Local Guidelines for Cash Recognition Awards](#), this request is ☐ Approved ☐ Denied

Notes: _____

Date Received in HR: _____ Date sent to Payroll: _____ Estimated Payout Date: _____

Name of Compensation Analyst who reviewed for compliance: _____

Comp Analyst Signature: _____