



UC Merced STAR Program Nomination Form – TEAM Award

Plan Year July 1, 2021 – June 30, 2022

Part One: To be completed by the individual making a nomination for a **TEAM** STAR Award. Submit additional forms to include additional team members.

Name of Employee					
Employee ID					
Title Code/Payroll Title					
Home Dept Code & Name					
Rating on most recent Performance Evaluation					
Date of Hire					
Appointment %					
Appointment Type					
Union Code					
Annual Pay Rate/Hrly Pay					
Justification Category					
Amount of Award					
% of Salary					

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

Justification: Please describe the demonstrated actions by the Team 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](#)).

Signature of Nominator (supervisor, manager, department head)

Date



Part Two: REQUIRED one-over signature to be completed by the Dean/Dept Head/AVC/VC/Chancellor or Chancellor's Designee.

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

Name

Title

Signature

Date



Part Three: REQUIRED to be completed by the Office of the Provost/VC/Chancellor or Chancellor's Designee.

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

Name

Title

Signature

Date



Part Four: To be completed by the Budget Office if required (over \$5,000 or central funding).

Select one: Award Funds Approved Award Funds Denied (If denied, return form to Department Head)

Budget Office Authorized Signature

Date



Part Five: To be completed by the Vice Chancellor's Council if required (over \$5,000 or central funding).

Select one: Award Approved Award Denied (If denied, return form to Department Head)

Head of VC Council Signature

Date



Part Six: For HR Use Only

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

Name of Compensation Analyst who reviewed for compliance: _____

Comp Analyst Approval Signature: _____