**FY18 STAFF APPRECIATION AND RECOGNITION (STAR)**

**NOMINATION FORM DIRECTIONS**

**Section A:** Nominator completes Section A.

**Section B:** If you are also the supervisor of the employee, you will complete Section B. If you are not the supervisor, then give the nomination form to the supervisor to complete.

**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 or PeopleConnect Management Actions Form/Request for final review and payroll processing.

1. **THIS SECTION TO BE COMPLETED BY NOMINATOR**

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| Name of nominee: |  | Date of nomination: |  |
| Department name of nominee: |  | Is employee in another department or school than nominator? | Choose an item. |
| Name of nominator: |  | Are you the supervisor of the employee that you are nominating?  If not, then name of supervisor | Choose an item. |
| Nominee’s job title: |  | Nominee’s job title code: |  |
| Type of award:  Choose an item. | | | |
| 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](http://chancellor.ucsf.edu/priorities) and/or [Pride Values](https://diversity.ucsf.edu/PRIDE-values). Additional documentation can be attached to the nomination form if needed to support award justification. | | | |

1. **SUPERVISOR OF NOMINATED EMPLOYEE COMPLETES THIS SECTION:** Are all eligibility criteria met? Employee 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 in a staff policy covered or CX position. 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.

**Supervisor completes all sections below prior to sending to next level of approval.**

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| **Nominated employee date of hire** | | If the nominated employee was a transfer from within the UC system without a break in service, then this should be their original UC hire date |
| **Nominated employee appointment type** | Choose an item. | Only career, contract and limited appointments are eligible for this program. |
| **Has the nominated employee received a satisfactory performance rating or better on his/her last performance evaluation (PE) or is trending at satisfactory performance or better if a PE has not yet been completed?** | Choose an item. | Nominated employees who have not yet received an annual performance evaluation (PE) may be eligible for an award if the employee’s performance is trending satisfactory or above and is beyond their probationary period. If the PE is not satisfactory, please contact your HR Generalist. |
| **Will the nominated employee pass his/her probationary period by their scheduled SPOT or Achievment Award pay date?** | Choose an item. | Nominated employee’s must have successfully passed their probationary period to be eligible for this program (E.g. an employee is scheduled to pass their probationary period on April 1st and the SPOT payment date is May 1st). |
| **Is the nominated employee in a policy covered or CX represented position?** | Choose an item. | If not, then the nominated employee is not eligible for this program. |
| **Will the nominated employee be on active pay status on their award payout date?** | Choose an item. | Nominated employees must be on active pay status or approved unpaid leave at UCSF on the date that the cash payment is made. |
| **Does the nominated employee participate in any other incentive plan, i.e. CEMRP2?** | Choose an item. | If the nominated employee does actively participate in another incentive plan progam, the employee is not eligible for the STAR program. |

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| **SECTION B CONTINUED - SUPERVISOR OF NOMINATED EMPLOYEE COMPLETES THIS SECTION:** | | |
| **Has the nominated employeepreviously received a STAR award during this plan year (July-June)?**  **If yes, when?**  **How much?** | Choose an item. | If yes, then consult with your HR Generalist to ensure that the maximum award amount has not been reached. |
| **Will this award, or a combination of multiple awards, exceed either:**   1. **10% of employee’s salary?** | Choose an item. | An employee’s award can’t exceed 10% of base salary or $10,000. An award amount can be reduced to comply with this policy requirement. |
| 1. **Over $5,000 in cumulative awards?** | Choose an item. | If the combination of multiple awards exceeds $5,000, then additional approval by Human Resources is needed. Send ticket/case to the HR Generalist with the comment “multiple STAR awards exceeding $5K need additional approval”. |

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| **Section C. Control Point/Department STAR Award Administrator Approval.** After all approvals are obtained, department submits nomination form and any other relevant information via an SRS ticket. |
| Name:      Signature: Date: Click or tap to enter a date. |
| **Control Point Comments:** |
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**Scheduled payment date for employee award per** [**STAR Payment Calendar**](https://hr.ucsf.edu/hr.php/x/files?F=1&cms_id=6054)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Direction on Funding information:** Control Points receive an annual allocation for Achievement and Spot Awards.  The assigned Description of Service (DOS) code specific to the STAR Plan **must** be used when paying awards to employees**--**XSL –Achievement or SpotAward. Please indicate if you are utilizing current year or prior year funding below.

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| **FUNDING INFORMATION** | | | | | | | | | | | |
| **SPOT AWARD PAYMENT (CURRENT YEAR):** | | | | | | | | | | | |
| **TR** | **BU** | **FUND** | **DEPT ID** | **PROJECT** | **FUNCTION** | **FLEX** | **SUB** | **TITLE CODE** | **DOS CODE** | **AMOUNT** | **PERIOD END** |
| **FT** | **C** |  |  | **2014898** |  |  | **1** |  | **XSL** |  |  |
| **ACHIEVEMENT AWARD PAYMENT:** | | | | | | | | | | | |
| **TR** | **BU** | **FUND** | **DEPT ID** | **PROJECT** | **FUNCTION** | **FLEX** | **SUB** | **TITLE CODE** | **DOS CODE** | **AMOUNT** | **PERIOD END** |
| **FT** | **C** |  |  | **2014897** |  |  | **1** |  | **XSL** |  |  |

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| **SPOT AWARD PAYMENT (PRIOR YEAR):** | | | | | | | | | | | |
| **TR** | **BU** | **FUND** | **DEPT ID** | **PROJECT** | **FUNCTION** | **FLEX** | **SUB** | **TITLE CODE** | **DOS CODE** | **AMOUNT** | **PERIOD END** |
| **FT** | **C** |  |  | **2015109** |  |  | **1** |  | **XSL** |  |  |
| **ACHIEVEMENT AWARD PAYMENT:** | | | | | | | | | | | |
| **TR** | **BU** | **FUND** | **DEPT ID** | **PROJECT** | **FUNCTION** | **FLEX** | **SUB** | **TITLE CODE** | **DOS CODE** | **AMOUNT** | **PERIOD END** |
| **FT** | **C** |  |  | **2014897** |  |  | **1** |  | **XSL** |  |  |

**Additional Costs per STAR award for GAEL/benefits costs. See chart below.**In FY17, the benefits cost had not been accounted for in the award amount. Please take this amount into account from your award allocation. Please use the estimated benefits and GAEL amount that is listed below (FY18 Award Benefits Estimate).

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| **FY18 Award Benefits Estimate** | **Award Amount** | **Est. Benefits**  **8.99%** | **GAEL**  **.80/$100** | **Est. Total Award cost** |
| **SPOT** | $1000 | $89.90 | $8.00 | $1097.90 |
| **Achievement** | $5000 | $449.50 | $40.00 | $5489.50 |