

OCF DEPARTMENT STAR AWARD
(UP TO \$500)
PLAN NOMINATION FORM NON-
REPRESENTED and CX STAFF ONLY PLAN

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

- Individual Award
- Team Award

NAME OF NOMINEE

DEPARTMENT

PAYROLL TITLE

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 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:* Exhibits 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, 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

PHONE

SIGNATURE OF NOMINATOR

DATE

NOMINATOR'S TITLE

NOMINATOR'S DEPARTMENT

PART TWO: To be completed by department administrators. If approved, please forward to ocpstar@ucdavis.edu for processing.

1. Rating on most recent performance evaluation: _____
2. Nominee's Classification and Annual Pay Rate: _____
3. Amount of award (*up to \$500*): _____
4. Nominee's Date of Hire: _____
5. Nominee's Appt Type: Limited or Career PSS or MSP Contract 99
6. Comments of Supervisor (if different from nominator):

SIGNATURE OF SUPERVISOR

DATE

7. Comments of Department Head:

APPROVAL OF DEPARTMENT HEAD/DIRECTOR

DATE

8. Account/Fund Number from which employee is paid: _____

Note: Please submit the form to your Management Advisory Group (MAG) member for further processing.