

Staff Appreciation and Recognition (STAR) SPOT Award Nomination Form

SPOT Awards are discretionary cash awards designed to recognize significant employee achievements and contributions, as they occur, for a specific project or task over a relatively short period of time.

To be eligible for a SPOT, the employee must:

- be in a staff policy covered or CX position
- hold a career position or a contract position 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 and have at least six months of continuous service
- have completed probationary period where applicable
- obtained a satisfactory performance rating. 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
- be on active pay status or approved unpaid leave at UCSF on the date that the cash payment is made (please advise your HR Representative if a leave is anticipated)
- not participate in the clinical incentive program (CERMP2) or another type of incentive award program
- may not have an award exceeding 10% of base salary or \$10,000.
- may not receive multiple awards that exceed \$5,000 without HR approval.

The department should ensure the nominee meets eligibility requirements prior to submitting the nomination.

Nominee information

Nominator: _____

Date of nomination:

Nominator’s Department: _____

Is nominee in another department than nominator? Yes No

Nominee Name	Nominee’s Dept	Nominee Job Code	Nominee Payroll Title

Please select the category below that most closely matches reason for nomination

- | | |
|--|--|
| <input type="checkbox"/> Support of department/school/campus priorities

<input type="checkbox"/> Innovation/Process Improvement | <input type="checkbox"/> Excellent client customer service/partnership

<input type="checkbox"/> DEIA Impact |
|--|--|

In a few sentences or bullet points, please highlight details of the achievement/contribution to support your nomination.

Approvals

Supervisor Name: _____

Supervisor has reviewed eligibility and supports this nomination:

Control Point/Department STAR Award Approval *please obtain approval per your unit's local process. Please note: the home department of the award recipient will need to approve and fund the award regardless of who nominates the employee. If this award is for an employee outside of your department; please coordinate with the home department.*

Approver Name: _____ Approver Signature: _____ Date: _____

Comments:

Once approved, please complete funding information below and attach this nomination to a [Additional Pay Management Action Form](#) to process the award.

Employee Record and Funding Information				
Pay Frequency	UCPath EID	UCPath Employee Record #	Position number	Award Amount
Fund Code	Dept ID	Project	Function	Flexfield
5000			72	