

# UCSD CAMPUS STAFF APPRECIATION RECOGNITION PLAN (the STAR Plan)

## AWARD PAYMENT AUTHORIZATION FORM

|                      |                      |                         |
|----------------------|----------------------|-------------------------|
| Employee Name: _____ | Employee ID #: _____ | Appointment Type: _____ |
|----------------------|----------------------|-------------------------|

To be eligible for the STAR Plan Incentive Award an employee must be non-probationary and have a solid or better performance rating.

|                         |                           |                   |            |                     |                      |
|-------------------------|---------------------------|-------------------|------------|---------------------|----------------------|
| Non-Probationary: _____ | Performance Rating: _____ | Title Code: _____ | CBU: _____ | Pay Schedule: _____ | Annual Salary: _____ |
|-------------------------|---------------------------|-------------------|------------|---------------------|----------------------|

**CASH AWARD:** This payment will be processed through the UCSD Payroll Personnel System on the employee's next pay schedule subsequent to the receipt of this document by the Payroll Division. It will be subject to Federal, State, and Social Security Taxes. It will not be considered covered compensation for retirement purposes. All payments will be paid through Subaccount 2. The signature of the Department Head/Chair or Department Business Officer is required.

**Performance Standard:**

**Description of Performance:**

*DOS Code to be used: XSC-funded through central pool or XSL-Not funded through central pool.*

| Fund | DOS Code | Amount | Index Number |   |
|------|----------|--------|--------------|---|
| 1.   |          |        |              | <p style="text-align: center;"><b><u>COMPENSATION USE ONLY</u></b></p> <p>Date Received: _____</p> <p>10% of Annual Salary: _____ YTD Award Amount: _____</p> <p>Approved By: _____</p> <p>Date Approved: _____</p> |
| 2.   |          |        |              |   |
| 3.   |          |        |              |   |
| 4.   |          |        |              |   |
| 5.   |          |        |              |   |
| 6.   |          |        |              |   |

**TOTAL CASH AWARD:** \_\_\_\_\_ (amount should equal Award amount from ALL funds)

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Department/Department Contact</b></p> <p>Department: _____</p> <p>Print Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> | <p style="text-align: center;"><b>Department Head/Chair or Business Officer</b></p> <p>Print Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>Date: _____</p> | <p style="text-align: center;"><b>Chancellor</b><br/>(STAR Plan cash award above \$5,000 require Chancellor Approval)</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> |
|---|---|---|

**INSTRUCTIONS ON HOW TO PAY AN AWARD:**

Scan PDF form with all appropriate signatures and send via email to [cspeaks@ucsd.edu](mailto:cspeaks@ucsd.edu) with a copy to [eduenas@ucsd.edu](mailto:eduenas@ucsd.edu). You can also submit the request via inter-department mail using mail code 0922 attention Caprece Speaks-Toler or Liz Dueñas.