

**FY 2004-2005
UCLA STAFF ACHIEVEMENT AWARD PROGRAM**

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

- Individual Award
- Team Award
- Developmental 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 improved department performance, cost savings, operational efficiency, enhanced operations, increased customer/client satisfaction; or evidence of extraordinary creativity, innovation, impact on the department or campus community; or a special one-time contribution of measurable significance to the department's mission or strategic plan.)

NAME OF NOMINATOR

TELEPHONE

SIGNATURE OF NOMINATOR

DATE

NOMINATOR'S AFFILIATION WITH UCLA

NOMINATOR'S ADDRESS

ATTACHMENT B
FY 2004-2005 STAFF ACHIEVEMENT AWARD PROGRAM

PART TWO: To be completed by department administrators. If approved, forward to the appropriate Dean, Provost or Vice Chancellor for final review and approval.

1. Rating on most recent performance evaluation: _____
2. Nominee's Annual Pay Rate: \$ _____
3. Amount of award (up to 10% of annual pay rate): \$ _____ % of Award _____
4. Amount of developmental award: _____ (up to \$3,500)
5. Is nominee in a contract appointment (Appointment Type 1)? yes no
6. Nominee's Date of Hire: _____
7. Comments of Supervisor (if different from nominator): _____

SIGNATURE OF NOMINATOR

DATE

8. Comments of Department Head/Supervisor: _____

APPROVAL OF DEPARTMENT HEAD/DIRECTOR

DATE

9. Account/Fund Number from which employee is paid: _____
10. Priority Number (if submitting more than one nomination): _____

PART THREE: To be completed by the Office of the Dean, Provost or Vice Chancellor:

1. Award denied:
Return Incentive Award Nomination Form to Department Head.
2. Award approved:

APPROVAL OF DEAN, PROVOST OR VICE CHANCELLOR

DATE