

Star Performer

Nomination/Approval Form

ABOUT THE STAR PERFORMER AWARDS: As authorized under the provisions of Texas Government Code 661.911, Star Performer Awards provide for incentive and recognition awards consisting of leave with pay for regular staff members whose performance is demonstrated to be outstanding as documented by employee performance evaluations. **ANYONE** on campus (staff, faculty, students, administrators, visitors) may nominate, other than the employee nominated. Awards are approved by Department Heads in coordination with the VP Coordinator for their Vice Presidential area who confirms the use of hours from a Star Performer pool approved annually by the President. See the University Policy Manual, Volume I for further details. Contact Human Resources at 940-565-4817 if you have any questions.

ELIGIBILITY/LIMITATIONS: All regular retirement-eligible non-probationary staff are eligible for consideration for Star Performer Awards provided they have at least a 3.5 "excellent" or equivalent overall score on their current performance review, and no formal disciplinary action on file within 12 months of the date of the award. The total amount of leave an employee may be granted under this policy may not exceed one standard workday for the employee, and may be less. An award may not be granted to an employee who has received a Star Performer Award within the last 24 months. Award leave must be used by the employee within 12 months of their receipt of the award and is not eligible for cash payment on termination of employment.

1. **NOMINEE:** Provide information about the person you are nominating for this award:

His/Her Name:

His/Her Title:

His/Her Employing Dept:

His/Her Employee ID#:

Complete the following statement in detail: This employee is deserving of a Star Performer Award because:

(Describe specific instances of outstanding performance and the impact of this employee's outstanding performance on students, internal and external customers, co-workers, etc. Please attach additional pages to this form if necessary.)

2. **NOMINATOR:** Provide information about yourself:

Nature of your association with the person nominated:

Your Name:

Your Phone Number:

Your Dept/Major:

Your association to the nominee:

Your Signature: _____ Date: _____

NOMINATOR INSTRUCTIONS: Route this form to nominee's department head. Contact Human Resources at 565-4817 if you need assistance.

DEPARTMENT VERIFICATION (COMPLETE ONLY IF AN AWARD IS GRANTED)

3. Department Head: I hereby certify that the above named nominee **has been selected for and meets all criteria for** a Star Performer Award as indicated above. **NUMBER OF HOURS REQUESTED** (up to 8 hrs): _____

Dept or Unit Head Signature: _____ Phone Number: _____ Date: _____

(If applicable) Dean Signature: _____ Phone Number: _____ Date: _____

DEPARTMENT HEAD INSTRUCTIONS: Send the original nomination form to your VP Coordinator. The employee will receive notification when the award is confirmed and processed by HR.

4. VP Coordinator: Document the number of hours used from the pool allocated to your Vice Presidential area and sign here to confirm the award, then forward the original to Human Resources. **NUMBER OF HOURS APPROVED:** _____

VP Coordinator Signature: _____ Phone Number: _____ Date: _____

PROCESSING: The Departmental Timekeeper will document time taken as Star Performer Administrative Leave.

NOTIFICATION AND RECOGNITION: Recipients of Star Performer Awards receive notification of their award from Human Resources. Recipients are announced in the HR Newsletter and are honored at the President's Sack Lunch.

HR Office Use Only:

Award Verified: _____

Award entered into EIS _____

Award Approved in EIS _____

Letter Sent to Recipient: _____