COLLEGE OF PUBLIC HEALTH

FLEXIBLE PAY AWARD NOMINATION FORM
EXCEPTIONAL PERFORMANCE AWARD

- Departments are responsible for funding of award. 500 or 510 funds require approval from Grant Accounting.
- Recipient must be a non-organized Professional and Scientific staff member.
- Staff member must have been employed at the University in a regular position for a minimum of 6 months to be eligible.
- Flexible pay is subject to taxes.
- Flexible pay is a lump sum bonus and not included in the base salary.
- Current performance evaluation with overall rating of exceeds expectations or outstanding must be attached.
- Documentation of at least the average July 1st salary increase for the department, barring extenuating circumstances that must be attached.
- College Flex Pay Guidelines have been review prior to submittal of this award nomination.

Employee Name: ____________________________ Classification: ____________________________

Department: ________________________________ Funding Source: __________________________

Annual Base Salary: _________________________ Compensation Requested: ____________
(up to 10% of base salary)

Has the employee received flex pay award this fiscal year? Yes ______ No ______ (Maximum of 2 per fiscal year)

If yes, date of previous award _______________ Amount of previous award ________________

Describe the accomplishment/achievement for which you are nominating the employee. Attach a maximum of one page memo justifying both the achievement and the compensation amount requested.

The date of this employee’s last performance evaluation was _______________ and job performance was Exceeds Expectations □ Outstanding □.

The July 1st Departmental average salary increase was ________% this employee received a _____% salary increase. If the salary increase was less than the Department average salary increase %, please provide rationale.*

________________________ Date__________
Signature of Supervisor

_________________________ Yes ___ No ___ ____________________ Date__________
Approval of DEO Reason

_________________________ Yes ___ No ___ ____________________ Date__________
Approval of Sr HR Leader Reason

If amount of award is greater than $5,000 or cumulative awards is greater than $5,000 in the same fiscal year, Compensation and Classification approval is required.