

FINANCE AND OPERATIONS

FLEXIBLE PAY AWARDS NOMINATION FORM

**EXCEPTIONAL PERFORMANCE AWARD (EPA)**

Submission of this nomination indicates that the *Finance and Operations Flex Pay Guidelines* have been reviewed and all required award nomination criteria has been confirmed.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source (MFK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ Amount Requested: \_\_\_\_\_\_\_\_\_\_ % of Base Salary \_\_\_\_\_\_\_\_\_ (Maximum to 10% of base salary in a fiscal year)

Has employee received an EPA flex pay award this fiscal year? \_\_\_\_\_Yes \_\_\_\_\_No (Max of two per fiscal year)

If yes, date of previous award\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of previous award\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date of this employee’s last performance evaluation was \_\_\_\_\_\_\_\_\_\_ and job performance was \_\_\_\_\_\_\_\_\_\_Exceeds Expectations (previously Commendable) OR \_\_\_\_\_\_\_\_\_\_Outstanding (previously Distinguished) (select one).

The Finance and Operations Division average salary increase was \_\_\_\_\_\_\_% . This employee received a \_\_\_\_\_\_% salary increase. If less than the Division average salary increase %, please provide a rationale in the justification.

Describe accomplishment/achievement as well as justification for the amount of award requested (attach additional pages as necessary):

Signature of Supervisor

Date

Yes No\* Date Approval of DEO Reason

\* *If no, indicate Reason*

Departmental HR Unit Representative should forward form by attaching in Workflow to the Special Compensation form for Lump Sum Flexible Payment to the Senior Vice President’s office.