|  |
| --- |
| **Staff Incentive Program (Monetary)** |

Staff incentive programs are planned processes that recognize the efforts of staff who support the UNM Mission, those who accomplish department goals, and those individuals who are high performers.

To establish an incentive program please complete the following information**:**

|  |
| --- |
| DEPARTMENT CONTACT INFORMATION |

|  |  |
| --- | --- |
| Department Name:       | Department Org Code:       |
| Program Sponsor Name:       | Title:       |
| Phone:       | Email:       |

|  |
| --- |
| ABOUT THE PROGRAM |

|  |
| --- |
| 1. Provide a short description of the incentive program or event, the expected outcomes, and the purpose or business need for the program.
 |
| Description of program/event: |       |
| Expected outcomes: |       |
| Purpose/business need: |       |
| 1. Select only one recognition type.
 |
| Recognition Type:[ ]  Individual [ ]  Team *(For group incentives, all individuals in the group must share the same goals and monetary plan – see below.)*  |
| 1. List eligible plan participant(s) *(attach spreadsheet if more than six)*:
 |
| 1.       | UNM ID:       | 4.       | UNM ID:       |
| 2.       | UNM ID:       | 5.       | UNM ID:       |
| 3.       | UNM ID:       | 6.       | UNM ID:       |

|  |
| --- |
| MONETARY PLAN DETAILS (One-Time Payout)*(A monetary incentive can be a flat amount for overall accomplished goals or a percentage of base salary for each accomplished* goal*)* |

|  |  |
| --- | --- |
| Please designate the specific program timeframe.  | From:       To:       |
| Frequency *(select one)*: | [ ]  Quarterly [ ]  Bi-annual [ ]  Annual | [ ]  Total flat amount for overall accomplished goals $      [ ]  Total percentage of base pay for overall accomplished goals      %\* |
| Describe how the incentive will be funded *(For Financial Officer Review)*Total estimated cost: $     Type of funding: [ ] I&G [ ] Non I&G (unrestricted) [ ] Non I&G (restricted)Notes:        | Index:       Account:       Distribution:      % Index:       Account:       Distribution:      %  Index:       Account:       Distribution:      % |

|  |  |  |  |
| --- | --- | --- | --- |
| Goal | Description of Goal | Distribution[ ]  $ [ ]  % | Achieved |
| 1. |       |       | [ ]  Yes [ ]  No |
| 2. |       |        | [ ]  Yes [ ]  No |
| 3. |       |        | [ ]  Yes [ ]  No |
| 4. |       |        | [ ]  Yes [ ]  No |

*\*If percentage increase is off base salary; not to exceed 10% total.*

|  |
| --- |
| APPROVALS |

|  |
| --- |
| [ ] *I certify that this Staff Recognition and Incentive Program is in compliance with the University Business Policies and Procedures Manual #3235: Staff Recognition and Awards.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Sponsor Signature Print Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Financial Officer Signature *(if different from Sponsor)* Print Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Level 3 Division Approver Print Name Date |
| ***Email completed form to your HR Consultant for review and approval of your program.*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Consultant Signature Print Name Date[ ]  Approved by Labor Relations if eligible participants are represented by a bargaining unit. *Signature of HR Consultant indicates approval of program. Once approved, program may commence.* |

|  |
| --- |
| ACKNOWLEDGMENT OF COMPLETION OF PROGRAM |

|  |
| --- |
| Program Completion Date\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*\*Payout occurs on pay period following receipt of the completed document*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Sponsor Signature Print Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Level 3 Division Approver Print Name Date |
| ***Submit final Staff Incentive Program form to your HR Consultant accompanied by a Non-Standard Payment form. The Staff Incentive Program form must be filed in the employee’s official personnel file.*** ***Mail to MSC01-1224 or hand deliver to the John and June Perovich Business Center, Suite 3700.*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Consultant Signature Print Name Date |