

**PERFORMANCE PROGRAM**  
 UUP Professional Employees  
**ADDENDUM** (to current program in effect)

Employee's Name:			
Department:	Information Technology Services		
Performance Program Period:	From Date:		To Date:
Immediate Supervisor & Title:			

<b>Additional Responsibilities for the current program/ evaluation period</b>

\_\_\_\_\_  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
 DATE

**DISTRIBUTION:**

**Originating office must distribute, in confidential envelopes, as follows:**

**Original Signed Copy**      Office of Human Resources

**Copies**                      Employee, Supervisor, Second-line Supervisor