I-PERFORM SYSTEM ADMINISTRATOR DESIGNATION FORM

The following employee is being designated as an I-PERFORM system administrator for

__________________________________________.

Agency Name

Name ________________________________       Title ________________________________

__________________________________________       ________________________________

Agency Director/Delegated Authority Signature       Date

As an assigned I-PERFORM administrator I understand information available to me in the role of an administrator is to be kept confidential at all times.*

__________________________________________       ________________________________

Employee/Administrator Signature       Date

After signatures are completed, please forward to your DHR Human Resource Consultant.

*Any additional I-PERFORM system administrators created by the agency designee must sign a document stating that they understand the information available to them is strictly confidential.