

**Performance Management & Development Program (PMDP)
ROLE / SECURITY AUTHORIZATION**



1. User and Position-Related Information			
Last name:	Title:	Email Address:	
First name:			
Phone Number:	Department name:	Division/School/College Name:	UDDS:
2. Authorization: Please specify the role and corresponding UDDS(s) the user will access, view and administer. Assign only the highest level of data access appropriate for the user's position. Division access is entire division (e.g. A54). Department access is the specific UDDS(s) identified (e.g. A5349).			
UDDS(s):	Role:	Add or Remove:	
	Department HR	Add	Remove
	Division HR	Add	Remove
3. User Agreement			
<p>Your use of University computing resources is restricted to authorized University of Wisconsin business. You will be held responsible for security breach traceable to you or your assigned logon identification initials. You will be held liable for any willful misuse or deliberate system damage traceable to you or your logon identification initials. It is your responsibility to comply with the provisions of the Performance Management Policy, your department/division processes and confidentiality policies (governed by Wisconsin Public Records Law and by state and federal law) to protect the confidentiality of performance information.</p> <p>Violation of this agreement may result in disciplinary action or legal action or both.</p> <p>The granting of PMDP administrative access carries with it the following responsibilities. An administrative user:</p> <ul style="list-style-type: none"> • will not share their campus NetID and password with others. • will access only the information needed to perform responsibilities related to performance management and development activities within their unit(s). • will not share any system information including but not limited to performance evaluation activities, documentation or ratings. • will maintain confidentiality of all employee records. • will sign out of PMDP when you are not using it. 			
I HAVE READ THE ABOVE TERMS AND AGREE TO THE TERMS.			
User Signature:			Date:
College/School/Division HR/PMDP Coordinator Signature:			Date:
College/School/Division HR/PMDP Coordinator Signature Name (Print):			
Send COMPLETED and SIGNED form to pmdp@wisc.edu.			
For OHR use only			Date:
OHR PMDP Administrator:			