|  |
| --- |
| **DIRECTIONS** |
| This form is to be used by supervisors requesting approval for a job-specific addendum to the systemwide evaluation tool. Addendums must (1) align with the existing evaluation framework, (2) reflect established national standards for the role, and (3) support fair, consistent, and measurable evaluation practices. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: Requestor Information** | | | |
| Name of Requestor | Click or tap here to enter text. | Title/Position: | Click or tap here to enter text. |
| Department/Division | Click or tap here to enter text. | Date of Submission: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Section 2: Addendum Overview** | |
| Job Title/Employee Group for Proposed Addendum: | Click or tap here to enter text. |
| Link to the Draft Addendum | Click or tap here to enter text. |
| Link to the National Standards | Click or tap here to enter text. |

|  |
| --- |
| Rationale for Addendum (why this group requires a supplemental tool): |
| Click or tap here to enter text. |

|  |
| --- |
| How does the addendum align with the existing systemwide tool? |
| Click or tap here to enter text. |

|  |
| --- |
| Methods of Evidence/Artifacts to be used for this role: |
| Click or tap here to enter text. |

|  |
| --- |
| **Section 3: Equity, Consistency, and Implementation** |
| How will this addendum ensure fairness and consistency in evaluation for the job group? |
| Click or tap here to enter text. |

|  |
| --- |
| What training or guidance will supervisors need to implement this addendum effectively? |
| Click or tap here to enter text. |

|  |
| --- |
| **Section 4: Signatures** |

Requestor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cabinet Lead Review:**  Approved  Not Approved

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Resources Review:**  Approved  Not Approved

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Approval (Chief of Staff or Designee):**  Approved  Not Approved

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_