

This document outlines the steps to submit, approve and view the status of existing ePCFs and eGHFs. The ePCF/eGHF tool is located at <https://pcf.healthtrustws.com>. For questions, contact HWS at HWS.SharedServicesOps@HealthTrustWS.com.



Login, Register and Reset Password

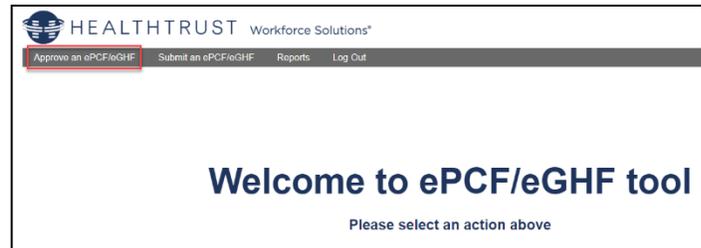
Step	Instruction	Action
1.	Use Google Chrome (best browser) to navigate to the ePCF/eGHF website: https://pcf.healthtrustws.com	
2.	Login: <ul style="list-style-type: none"> Use this tab to log in to the ePCF/eGHF tool using your Workforce 2.0 credentials. Reset your Workforce 2.0 password here: https://workforce.healthtrustws.com/ResetPassword.aspx 	

Approval Page

Instruction and Action

ePCF/eGHF facility approvers will be notified via email that a request is available to be reviewed. The email will contain a link to the ePCF/eGHF request. Clicking this link will navigate you directly to the review page.

Alternatively, an approver can log in to the ePCF/eGHF tool to view a queue with all ePCFs and eGHFs that require approval.



To filter requests, one or more of the following can be entered:

- A. **PCF Request ID:** This is the ID assigned to the request. The PCF Request Number can be found in the notification email.
- B. **EIN, % or Candidate ID:** EIN, % ID or Candidate ID entered in Section I on the Entry Page.
- C. **Employee First Name:** First name of candidate for which the request was submitted.
- D. **Employee Last Name:** Last name of candidate for which the request was submitted.
- E. **Effective Week End Date:** This is the last day of pay cycle week.
- F. **Submission Start Date:** Start of date range for submission of request.
- G. **Submission End Date:** End of date range for submission of request.
- H. **Vendor:** Vendor partner who contracted the candidate.
- I. **Facility/Hospital Name:** The facility/hospital that was entered while submitting a request.
- J. **Department Name:** The department that was entered while submitting a request.

Search Criteria

PCF Request Number: **A**

EIN, %, or Candidate ID: **B**

Employee First Name: **C**

Employee Last Name: **D**

Effective Week End Date: **E**

Submission Start Date: **F**

Submission End Date: **G**

Vendor Name: **H**

Facility/Hospital Name: **I**

Department Name: **J**

PCF Request Details

PCF Request ID	EIN, %, or Candidate ID	First Name	Last Name	Week End Date	Pay Period End Date	Facility	Workforce 2.0 Match ID	Vendor	Submitted Date

Click **Search** to view results.
Click **Reset** to remove Search Criteria.

Instruction and Action

To review an ePCF/eGHF request, click the hyperlink in the **PCF Request ID** column. Clicking this link navigates you to the Review Page. The Review Page contains the details for the request.

PCF Request Details

PCF Request	EIN, 3/4, or Candidate ID	First Name	Last Name	P	C
1	032296733	[blurred]	[blurred]		0
2	036528372	[blurred]	[blurred]		0

- ❖ ePCF
 - **Section I** contains details of the candidate who the request was submitted for as well as the name and role of the user that submitted the request.
 - **Section II** contains the reason for the correction request.
 - **Section III** contains the shift data that needs to be reviewed.
- ❖ eGHF
 - **Section I** contains the same information as stated above but also includes the amount of guaranteed hours entered for the week.
 - **Section II** contains the request for guaranteed hours.
 - **Section III** is not applicable for eGHF approvals.

To approve a request click the **Approve** button. To reject a request, click the **Reject** button.

Note: When rejecting a request, you must enter a Rejection Reason and a Rejection Comment.

Approver Name:

Approve

Reject