User Guide: ePCF/eGHF Submission Process

HEALTHTRUST Workforce Solutions®

This document outlines the steps to submit ePCFs (Electronic Payroll Correction Forms) and eGHFs (Electronic Guaranteed Hours Forms)

Support Contact Information:
- **Login Issues:** (855)727-2967 or HWS.Help@HealthTrustWS.com
- **Payroll Related Support:** Payroll Customer Service (877) 311-6877 or email HWS.SunrisePayroll@HealthTrustws.com
- **Vendor Questions:** https://hcaservicecentral.service-now.com/hws
- **Technical Site Support:** SharedServicesOps@HealthtrustWS.com

Login 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**: • 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	

Entry Pages (Sections I-III)

Entry Page – Section I

Information entered in Section I will be used to retrieve data from our Workforce 2.0 system. The data will be displayed in Section III.
Please note: Clicking Edit or Reset will delete any changes made in Section II and Section III.

Instruction and Action
To submit an ePCF, **click Submit an ePCF/eGHF** at the top of the screen.   [Submit an ePCF/eGHF]
Click the **Payroll Correction Form** radio button   ⦿ Payroll Correction Form ◯ Guaranteed Hours Form

1. Enter your Candidate ID, EIN or ¾ ID. *(locate EIN on the back of your badge)*
    Vendor Partners: Select your candidate from the drop down list.
 2-3. First Name and **Last Name** will populate.
 4. Select Facility/Hospital Name from dropdown.
    Vendor Partners: Drop down will only show facilities where a candidate has an active match.
 5. Enter Effective Week End Date (this is the last day of pay cycle week).
 6. Vendor: Enter the name of your agency if not already populated.
 7. Workforce 2.0 Match ID. Optional
    Vendor Partners: Match ID will populate if candidate only has one active match.
 8. Guaranteed Hours (*will only appear in the Guaranteed Hours Form Only – See next section*)
 9. Click the **Next** button to continue. Button will change to **Edit**. Use this option for changes to fields in Section I.
    Click the **Reset** button to clear all fields in Section I and start over.

Entry Page – Section II

Instruction and Action

❖ **ePCF Selection**
1. **Select Reason** for Payroll Correction from list. Select the reason that applies to the type of correction being made. The reason can be changed at any time before submission.
2. Enter any comments relevant to your request. This field is optional.

❖ **eGHF Selection:** This section is used to request guaranteed hours. The amount of guaranteed hours requested cannot exceed available hours for the pay period (entered in Section I).
Click Add New Line to add a blank row
1. **Date: Select** the shift date for which guaranteed hours will be requested.
2. **No. Of Hours: Enter** the number of guaranteed hours requested for the selected date.
3. **Department: Select** the facility department where the shift was booked.
4. **Request Reason: Select** a reason for guaranteed hours.
5. **Eligible or not**: This field will show if the reason selected is eligible for guaranteed hours.
6. **Productive Hours**: This will show the number of productive hours from the data populated in Section III.
7. **Available Hours**: This is the difference between Guaranteed Hours entered in Section I and Productive Hours. This number is the maximum amount of guaranteed hours that can be entered.
8. **Click OK** to complete your entry.

Entry Page – Section III - **This section will display time retrieved from Workforce 2.0**

Instruction and Action for Changes

❖ **ePCF Selection**

Add New Line: Clicking link adds a blank line for a new entry.

A. **Adjust Type:** Action performed on a specific line (Add, Modify or Delete). An action can only be performed if a line is approved or invoiced.

B. **Date:** Shift date worked. *Note*: Night shifts that cross over midnight must be entered the next day.

C. **Time In:** Clock in time. **Shifts with a break must be entered as another line**. *Note*: Not used for non-productive time.

D. **Time Out:** Clock out time. *Note*: Not used for non-productive time.

E. **# Of Hours:** Number of hours worked. For productive time, number of hours will be calculated from Time In and Time Out.

F. **TRC Code:** Transaction Type/Pay Code (Regular Pay, OnCall, CallBack, etc.). Shift differentials will be added by HWS.

G. **Dept. (Facility Unit #):** Facility Department/Cost Center worked.

H. **Status:** Timesheet status from Workforce 2.0. (Draft, Submitted, Rejected, Approved, Paid/Invoiced, Exception)

I. **Action:**
- **Ok**: Accept entries from "Add New Line"
- **Cancel**: Cancel request to "Add New Line"
- **Undo**: Once "Ok" is clicked, Undo will remove request for "Add New Line".

Instruction and Action for Changes

❖ **ePCF Selection**

Making a Modification: Action allowed only for lines with approved and/or invoiced status.

I. Action:

    A. **Modify**: Request modification of a line. If the shift contains multiple lines with the same in/out time, all lines will be deleted and one modify entry line will be created

        After clicking "Ok", an additional Modify row can be created by clicking Modify again.

    B. **Delete**: Request removal/reversal of a line. If the shift contains multiple lines with the same in/out time, all lines will be deleted.

    C. **Undo all**: Once "Ok" is clicked, undo will remove request for all "Modify" lines.

Adjust Type	Date	Time In	Time Out	# Of Hours	TRC Code	Dept (Facility Unit #)	Status	Action
Delete	~~04/07/2022~~	~~06:45 PM~~	~~10:15 PM~~	~~3.50~~	~~Regular Pay~~	~~TELE (65527)~~	~~Invoiced~~	Modify Undo All
Modify	04/07/2022	06:45 PM	10:45 PM	4.00	Regular Pay	TELE (65527)	Open Request	Undo
	04/07/2022	10:45 PM	07:15 AM	8.50	Regular Pay	TELE (65527)	Invoiced	Modify Delete

Instruction and Action for Submitting

❖ **eGHF Selection:** Section III is for informational purposes only. <u>No action can be taken in Section III when submitting a GHF</u>.

    A. **Submitted Date:** Request submission date.

    B. **Submitted By:** Name of submitter.

    C. **Submitter Email Address:** Email address used to log in to ePCF/eGHF tool. ePCF/eGHF request status emails will be sent to this address.

    D. **Submit:** Submits request and forwards to HWS for review. If submission is not allowed, clear errors then try again.

Submitted Date:	Submitted By:	Submitter Email Address:
01/01/2018	First Last	Name@Email.com

Submit