

Personnel Requisition

How to Complete the DocuSign E-Form

Mission Statement:

To provide fully integrated health care services through a comprehensive network of public and private partnerships that ensure optimal health and well-being and respect the diversity of all residents.

Created by: ACBH Information Systems October 22, 2021 Version 1.5

Quick Reference Guide

Use the instructions below as a quick guide. For more detailed instructions refer to the following pages.

Role: Immediate Supervisor or designee

- 1. From a device on the county network, open internet browser and navigate to the HCSA intranet site http://achcsa.org/hcsa/ .
- From the main page click on the Forms tab to go to <u>http://achcsa.org/hcsa/forms.aspx</u> or navigate to Human Resources | Policies and Forms | Personnel Forms <u>http://achcsa.org/human-resources/policies-forms.aspx</u>.
- 3. Select the Personnel Requisition form.
- 4. A web form will open. Complete the introductory set-up questions and click *Submit*.
- 5. Open Outlook and find the email from DocuSign in the Inbox.
- 6. Open the email and click on *View Documents* (to fill out the Personnel Requisition form).
- 7. (If prompted, check the box for "I consent to use Electronic Records and Signatures") and click on *Review Document*.
- 8. Fill in the required fields outlined in red. Fields outlined in gray are optional. Add an attachment if required.
- 9. Click on the "Sign Here" sticky note image. Select a signature style (or create your own from a touch-screen device).
- 10. Complete any required fields in the section for Immediate Supervisor.
- 11. Click on the yellow "Confirm Signing" tab.
- 12. Close the DocuSign window.

Role: Signer

- 1. When an email from DocuSign with the heading "Please review and sign your document" comes to your Outlook Inbox, click on *View Documents*.
- 2. A "Request for Signature" window will open. (If prompted, check the box for "I consent to use Electronic Records and Signatures") and click *Review Document*.
- 3. To progress through the form fields, either click the yellow "Next" tab to go field by field, or simply click in a field to position your cursor. Data may be changed or entered.
- 4. Once the information is all satisfactory, scroll to the second page and locate the section for your role (Division Director, Finance Department, Department Head or Agency Director).
- 5. Click the radio button for "Approved" or the "Decline" button. Indicate whether you are the Signer or a Designee.
- 6. Click on the yellow "Sign Here" sticky note image. Select a signature style (or create your own from a touch-screen device).
- 7. Click on the yellow "Confirm Signing" tab.
- 8. Close the DocuSign window.

NOTES:

- If you have questions about the information on the form or about names to use for the subsequent roles, contact your DPO or your Manager. For problems or issues with the DocuSign process contact <u>HIS@acgov.org</u> or 510-567-8181 (tie line x38181).
- You can download the completed form from DocuSign and save it as a PDF document.
- The Immediate Supervisor or designee will receive a "Carbon Copy" email after each signature is applied, or if the form is denied by one of the signers.
- All signers will receive a "Completed" email after Human Resources receives and opens the completed document.

Personnel Requisition E-Form

This document indicates the process for completing the Human Resources Personnel Requisition (PREQ) form and workflow. The PREQ has been automated to support both electronic signature capture and automated routing of the form. This automated routing and signature capture will ensure the forms are received and processed in the shortest amount of time. The updated form is used by all departments within the HCSA Agency (Agency Admin, ACHB, EH, PH).

DocuSign E-Signature

The PREQ uses a signature and routing engine developed by DocuSign. DocuSign is the leading provider of secure electronic signatures and transaction workflows for the banking, real estate and health care industry. DocuSign supports the ESIGN act of 2000 which established the legality of Electronic Signatures in the United States. Note: Using the DocuSign process, documents **do not** need to be printed and physically signed.

Routing / Email Follow-up

The form will automatically be routed to the next person in-line responsible for approving the Requisition based on what the Immediate Supervisor/initiator entered on the first screen. Each time a person approves the form, the initiator will receive a "carbon copy" of the approval email for their records. If any of the signers "decline" a requisition, the initiator will be notified and the form is closed. After HR receives and views the form all signers will receive a "completed" notification.

Email Routing Sequence

- a. Immediate Supervisor / Initiator (Form creator)
- b. Division Director (approval and signature)
- c. Finance Department (approval and signature)
- d. Department Head (approval and signature)
- e. Agency Director (approval and signature)
- f. Human Resources (processing)

Email Follow-Up

If the recipient of the email has not approved or denied the Personnel Requisition form within two (2) days, a follow-up email will be sent as a reminder. Reminders will be sent every 48 hours until the form is processed.

Automatic Void

The PREQ will automatically be voided from the DocuSign system if the PREQ has not been completed after 6 months.

Accessing the Personnel Requisition Form

The PREQ is accessed via the HCSA intranet site: <u>Home Page | Forms</u> or <u>Human Resources |</u> <u>Policies & Forms</u>. Open a browser and navigate to the Personnel Requisition form.

Convergence Budget and Finance Agency Leadership Team Forms HIPAA/Privacy Rule Project Impact HCSA Home > Forms Forms > Forms > Forms Forms This section contains the various forms that are genetic to all groups of the HCSA. Facility Development Use the e-forms below to complete your request. Facility Development • <u>GSA Facility Development eForm</u> The Facility Development form is used to request various types of changes to the office space such as: Change to existing space / furniture purchase / furniture reconfiguration and release of current space. Human Resources • Employee Emergency Contact eForm Use this online e-form for requesting new or updated employee emergency contact information. • Personnel Requisition Note to Supervisors: before submitting a personnel requisition to permanently fill a vacant position, please read the attached Help Guide for instructions and guidelines for completing and submitting a Personnel Requisition for approval. If you have any questions about how to complete this form or the process itself, please contact your Departmental Personnel Officer.	HCSA Home	Human Resources	HCSA Admin Indigent Health	Public Health	Behavioral Health	Environmental Health	SEAR	СН
HCSA Home > Forms Forms This section contains the various forms but are generic to all groups of the HCSA. Facility Development of the process of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. Facility Development of the HCSA. SSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of the HCSA. Facility Development of the HCSA. GSA Facility Development of th	Convergence	Budget and Finance	Agency Leadership	Team Forms	HIPAA/Privacy Rule	Project Impact		
Forms > Forms This section contains the various forms that are generic to all groups of the HCSA. Use the e-forms below to complete your request. Facility Development form is used to request various types of changes to the office space such as: Change to existing space / find new space / expand existing space / furniture purchase / furniture reconfiguration and release of current space. Human Resources • Employee Emergency Contact eForm Use this online e-form for requesting new or updated employee emergency contact information. • Personnel Requisition Note to Supervisors: before submitting a personnel requisition to permanently fill a vacant position, please read the attached Help Guide for instructions and guidelines for completing and submitting a Personnel Requisition for approval. If you have any questions about how to complete this form or the process itself, please contact your Departmental Personnel Officer.	HCSA Home > Form	ns						
Personnel Requisition	Forms > This section contain forms that are gene of the HCSA.	Forr Use the stee various ric to all groups Facilit • GS The exi lea Human • Em Use • Pee No the app Dep	TIS e e-forms below to co y Development A Facility Development sting space / find ne se of current space. n Resources uployee Emergency Co e this online e-form for rsonnel Requisition te to Supervisors: e attached <u>Help Guid</u> proval. If you have a partmental Personnel Reguise	omplete your reque ant eForm nt form is used to r w space / expand e Contact eForm for requesting new n before submitting - g for instructions a iny questions about el Officer.	est. request various types existing space / furnit or updated employee a personnel requisitio nd guidelines for com t how to complete this	of changes to the of ure purchase / furnit emergency contact n to permanently fill pleting and submittir s form or the process	fice space such as: Change to ure reconfiguration and re- information. a vacant position, please read 1g a Personnel Requisition for 3 itself, please contact your	

HCSA Home - Forms Page

Human Resources – Policies & Forms page



Personnel Requisition – Immediate Supervisor/Initiator

As with the paper version of the Personnel Requisition, the Immediate Supervisor or their designee is the person that will be completing the various fields of the PREQ.

ALAMEDA COUNTY HEALT PERSONNEL Behavioral Health Care / Environmental He	H CARE SERVICES AGENCY REQUISITION ealth / HCSA Administration / Public Health	
NAME OF INTERVIEWER:	PHONE:	DATE SUBMITTED:
Test Account 25K	5104896800	8/29/2017
TITLE OF INTERVIEWER:		QIC:
test title		99999
EMAIL OF INTERVIEWER:		
Steve.Kline@acgov.org		
ADDRESS:	CITY:	ZIP:
1900	Oakland 🔻	94616

Starting the Personnel Requisition

- 1. Select the Personnel Requisition link from the HCSA or Human Resources forms page.
- 2. A web form will open in order to enter information.
- 3. Indicate the Job Title and Position Number for the PREQ.

Note: The Job Title and Position Number are used as the Subject for the email description.

Alameda County Health Care Services Agency
For help in completing the Personnel Requisition form, <u>click here</u> to view or download the help guide.
PERSONNEL REQUISITION
Job Title: Position Job Title
Position Number: 123456

- 4. If you are the Immediate Supervisor for the position, go to the <u>Supervisor Yes</u> Section.
- 5. If you are <u>not</u> the Immediate Supervisor for the position, go to the <u>Supervisor No</u> Section.



- 6. Indicate **Yes** for the question, "Are you the Immediate Supervisor". **Note: This** *individual will receive an email from the DocuSign system to complete the various PREQ fields.*
- Select <u>your role</u> as either the Immediate Supervisor, Division Director or Finance Director from the menu list. Note: If you select Division Director for instance, the PREQ will not prompt for the Immediate Supervisor position.
- 8. Select your Department Name from the menu list.
- 9. Select <u>your name</u> as either the Immediate Supervisor, Division Director or Finance Director based on the role you selected previously.
- 10. Select the name of your Division Director from the menu list.
- 11. The names of the Finance Director, Department Head and Agency Director are automatically entered based on the Department you selected.
- 12. Click on "*Submit*" button when complete.
- 13. The person indicated as the Immediate Supervisor will receive an email from the DocuSign system to fill-out the PREQ form.
- 14. Once completed, the form will be routed sequentially in order to each signers/approvers indicated.



- 6. Indicate **No** for the question, "Are you the Immediate Supervisor".
- 7. Indicate your Name and your Email address into the two open fields. *Note: This individual will receive an email from the DocuSign system to complete the various PREQ fields.*
- 8. Select your Department Name from the menu list.
- 9. Select <u>the name</u> of the Immediate Supervisor from the menu list.
- 10. Select <u>the name</u> of the Division Director from the menu list.
- 11. The names of the Finance Director, Department Head and Agency Director are automatically entered based on the Department you selected.
- 12. Click *Submit* when complete.
- 13. The person indicated as the Immediate Supervisor designee will receive an email from the DocuSign system to compete the PREQ fields.
- 14. Once completed, the form will be routed sequentially in order to each signers/approvers indicated.

- 15. An email will be sent to either the Immediate Supervisor or the Designee indicated in the prior two sections.
- 16. Open the Email sent from DocuSign (Health Care Services Agency via DocuSign).



17. Click on the "*View Documents"* link in the Email to open the online PREQ form.

Please review and sign your document			×	
Health Care Services Agency From: (hcsadocusignadmin@acgov.org) Alameda County Government				
Hello Test Account	Hello Test Account 2SK,			
Please review and sign the Personnel Requisition Form for Position Job Title (123456)				
		View Documents		

18. Click on the "Continue" text to view the document.

← → C ☆ PocuSign, Inc. [US] https://na2.docusign.net/Signing/?ti=1e5feb2262d74afbb3e5e03d79fb2f09	�☆ ☑ ☑ ☑ ☑ :
Please Review & Act on These Documents Health Care Services Agency Alameda County Government	Powered by Docu Sign
Please review and sign the Personnel Requisition Form for TEST-Steve Kline (123456)	
Please review the documents below.	NUE OTHER ACTIONS -
DocuSign Envelope ID: B8BB2927-783F-4EDC-80FF-1B55C1C3A399 ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PERSONNEL REQUISITION Behavioral Health Care / Environmental Health / HCSA Administration / Public Health NAME OF INTERVIEWER: Test Account 25K TITLE OF INTERVIEWER: Et al. Count 25K Et al. Co	ATE SUBMITTED: /20/2017 IC: 28004
ADDRESS: CITY: ZII test Qakland V	P: 4619
TYPE OF VACANCY: PERMANENT FULL-TIME SAN PART-TIME PROJECT Hrs. per Pay Period Hrs. per Pay Period	
TYPE OF SHIFT: DAYS P.M. NIGHTS WEEKENDS JOB TITLE: TEST-Steve Kline JOB TITLE: TEST-Steve Kline	123456

19. Complete ALL required fields outlined in red. Fields outlined in gray are optional.

NAME OF INTERVIEWER: Test Account 25K	PHONE:	DATE SUBMITTED: 7/20/2017
TITLE OF INTERVIEWER:		QIC:
EMAIL OF INTERVIEWER: Steve.Kline@acgov.org		
ADDRESS:	CITY: select ▼	ZIP:

20. If there any documents that need to be attached to the PREQ, check the "Is there any document to be attached box" at the bottom of page 1 and follow the online instructions. *NOTE: The attachment feature is only available for the initiator and the next person in workflow.*

NOTE:	Positions MUS	T be posted i	for one week on the HCSA Employmen	t Opportunities listin	g prior to making a job offer.
Is there any document to	be attached?	() Yes	No Attach		
Page 1 of 2	1. 1 1				FORM 301-QD-10 (REV. 10/12) (g Drive)
	Add yo	ur Atta	achment	×	
ž -	Ø Would	you like to	upload or fax your attachment?		
	Send by	fax	Upload your attachment Choose File No file chosen	:	
L					

21. **Saving your work.** In the event you need to Finish Later, select the "*Other Actions*" menu and select "Finish Later". This option lets you to exit the signing process, while saving the information you have entered (signatures and initials are not saved). You can return to the document to finish signing later by using the link in the email you originally received from DocuSign.

FINISH	OTHER ACTIONS
Finish Later	
Print & Sign	
Assign to Someo	ne Else
Decline to Sign	

22. Once all the required fields have been populated, click on the "*Sign Here*" sticky note image. Select your signature style (or create your own from a touch screen device). *Note: Using the DocuSign process, documents <u>do not</u> need to be printed and physically signed.*

DIVISION DIRECTOR- SIGNATURE:	Signer Designee	Date: 8/1/2014
Division Director Name and Phone Number:		

- 23. After signing and approving the PREQ, select the "*FINISH*" button to close the DocuSign window.
- 24. The system will display a "Log in to DocuSign" window which can be closed.

Log in to DocuSign	¥₁ ∎₁ ×
A copy of this document has been saved to your Do log in to view it.	ocuSign account. Please
Eməil Steve.Kline@acgov.org	
LOG IN NO THANKS	
24. OF Q	

25. The form will automatically be routed to the next person for approval and signature.

Normal Email Routing Sequence

- a. Immediate Supervisor / Initiator (Form creator)
- b. Division Director (approval and signature)
- c. Finance Department (approval and signature)
- d. Department Head (approval and signature)
- e. Agency Director (approval and signature)
- f. Human Resources (processing)

DocuSign Process for Reviewing & Signing

Step 1 – Open Email sent from DocuSign (*Health Care Services Agency via DocuSign*).

All Unread			
! 🗅 🔟 RECEIVED 🔻	FROM	SUBJECT	
8:40 AM	Health Care Services Agency via DocuSign	Personnel Requisition Form for TEST FOR NATALIE COURSON (123456)	Κ Ι
Please review and sign your document	Docusign Logo		
			1

Step 2 – Click on the "*View Documents"* link in the Email to open the online PREQ form.

🔟 🔂 🗇 📌 🖌 후	Personnel Requisition Form for TEST FOR NATALIE COURSON (123456) - Message (HTML)
FILE MESSAGE	
Wed 6/21/2017 8:40 AM DocuSign System <dse_na2@docusig Personnel Requisition Form for TEST FOR NATALII</dse_na2@docusig 	gn.net> E COURSON (123456)
Please review and sign your document	
From: Health Care Services Agency (hcsadocusignadmin@acgov.org) Alameda County Government	
Hello Test Account 2SK,	
Please review and sign the Personnel Requisition Form for TEST FOR NA	TALIE COURSON (123456)
View Documents	

Step 3 – Click on the "*Continue*" text to view the document.

Please review the d	locuments below.		OTHER ACTIONS
Docus	Sign Envelope ID: 59D62EB9-4578-42C5-A1C0-95F9D8E5F9EC ALAMEDA COUNTY HEALTH CARE SEI PERSONNEL REQUISITIO Behavioral Health Care / Environmental Health / HCSA Admin	RVICES AGENCY N nistration / Public Health	
T T	VAME OF INTERVIEWER: PHO Test Account 2SK 5104 TITLE OF INTERVIEWER: est title	ONE: \$896800	DATE SUBMITTED: 8/29/2017 QIC: 999999
	EMAIL OF INTERVIEWER: Iteve. Kline@acgov.org ADDRESS: L900 CIT 0	Y: akland ▼	ZIP: 94616

Step 4 – Use the scroll bar to scroll up / down the two page PREQ to review the document, or, click on the "*Start*" button to take you directly to where the signee needs to sign the document (or take action).

C 🗅 DocuSign, Inc. [US] https://n	a2.docusign.net/Signing/?ti=e686723baceb4403a4735d90ab	oc5dbfc 📀 🛧 🖸 🖬 🗷
se review the documents below.		FINISH OTHER ACTIONS -
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ART DocuSign Envelope ID: B8BB2927-783F-4E ALAME Behavio	DC-80FF-1855C1C3A399 DA COUNTY HEALTH CARE SERVICES AGI PERSONNEL REQUISITION vral Health Care / Environmental Health / HCSA Administration / Public H	ENCY Health
NAME OF INTERVIEWER: Test Account 25K TITLE OF INTERVIEWER: test	PHONE: 510-489-6800	DATE SUBMITTED: 6/20/2017 QIC: 28004
EMAIL OF INTERVIEWER: Steve.kline@acgov.org ADDRESS: test	CITY: Oakland v	ZIP: 94619
TYPE OF VACANCY:	IE SAN PART-TIME PROJE	ict
TYPE OF SHIFT:		

Step 5 – After reviewing the document, click the radio button for "Approved" or the "Decline" button. Indicate whether you are the Signer or a Designee. Click on the "*Sign Here*" icon to digitally sign the document.

DIVISION DIRECTOR: SIGNATURE: Sign Here Division Director Name and Phone Number:	Date: 8/1/2014
Division Director Name and Phone Number: Steve Kline, 510.567.8064	Date: 8/30/2017

Step 6 – Click on the "*Finish"* button to complete the PREQ signing process. (Also refer to "*Other Actions"*.)



Other Actions:

Clicking "Other Actions" shows additional options available to you.

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		FINISH OTHER ACTIONS -
	Q Q 🗗 🖶 🗇	Finish Later
		Print & Sign
	DocuSign Envelope ID: B8BB2927-783F-4EDC-80FF-1B55C1C3A399	Assign to Someone Else
NEXT		Decline to Sign
	ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PERSONNEL REQUISITION Behavioral Health Care / Environmental Health / HCSA Administration / Public Health	Help & Support
	NAME OF INTERVIEWER: PHONE: Test Account 25K 510-489-6800	View History
	TITLE OF INTERVIEWER:	View Certificate (PDF)
	EMAIL OF INTERVIEWER: Steve.Kline@acgov.org	View Electronic Record and Signature Disclosure
	ADDRESS: CITY: Oakland V	ZIP: 94619

- **Finish Later:** This option lets you exit the signing process, while saving the information you have entered (signatures and initials are not saved). You can return to the document to finish signing later by using the link in the email you originally received from DocuSign.
- **Print & Sign:** This option lets you print and sign the document on paper. However, you must then scan the signed document and upload the signed document back to DocuSign. (ACBH *does not recommend using this option*).
- **Assign to Someone Else:** This option can be used to send the document to another person when they should be the signer. You will be asked to provide the new signer's name, email address and a reason for changing the signer. The reason for changing the signer is sent to person that sent the document, along with the new signer's name and email.
- **Decline to Sign:** This option lets you decline to sign the document. You will be asked to provide a message for the person that sent the document telling them why you have declined to sign.
- **Help & Support:** This link takes you to the online DocuSign Support page.
- About DocuSign: This link takes you to the online DocuSign Facts page.
- **View History:** This option shows the sending and signing history for the documents.
- **View Certificate:** This option opens a new browser window with a PDF version of the certificate of completion, which includes information about the events, and the disclosure. The PDF can be saved or printed.
- View Electronic Record and Signature Disclosure: This option shows the sender's Electronic Record and Signature Disclosure.

Frequently Asked Questions

Question	Answer
Do I need to print the form to sign it	Using the DocuSign process, documents <u>do</u> not need to be printed and physically signed.
Who can attach additional forms to the P-Req	Only the initiator can attach forms to the P- Req.
As a signer, will I get a copy of the form	A carbon copy of the PREQ form will be sent to all signers upon completion of the form.
Who can track the PREQ form	Only the initiator of the form can track their own forms, you cannot track a PREQ form that you did not create.
Can more than one email address be put into the Immediate supervisor address field	Only one email address is supported.
As the initiator, can I save the form without having to approve it	From the Other Actions menu, select Finish Later to Save your work.
Is there a way to HOLD the form or Set Aside so that it can be completed at a later date.	From the Other Actions menu, select Finish Later to Save your work.

Personnel Requisition – Human Resources

After the Agency Director (or designee) signs the form, Human Resources (group mailbox HCSAeForms) will receive a "Certified Delivery" email with a link to the completed document.

After HR opens the form by clicking on "View Documents", all signers will receive a "Completed" email with a PDF copy of the completed form and a summary of the signing events.

Personnel Requisition – Help

- For assistance with information or names on the form, contact your DPO or Manager.
- For problems or issues with the DocuSign process contact <u>HIS@acgov.org</u> or 510-567-8181 (tie line x38181).

Personnel Requisition Form

三中人		PERSONNEL	REQUISITION		
	Behavioral Health	Care / Environmental H	Health / HCSA Administr	ation / Public Heal	th
NAME OF INTERVI Steve Office	EWER:		PHONE	1	DATE SUBMITTEE
TITLE OF INTERVI	EWER:				QIC:
EMAIL OF INTERVI Steve.Kline@a	IEWER: lcgov.org				
ADDRESS:			CITY:		ZIP:
TYPE OF VACANCY:					
PERMANENT	FULL-TIME	SAN	PART-TIME	PROJECT	
TYPE OF SHIFT:		Hrs. per Pay Period	Hrs. per Pay Period		
DAYS C	P.M. INIGHTS	WEEKENDS	ROTATING SHIF	r.	
JOB TITLE:			JOB CODE:	POSI	TION NUMBER:
SPECIALTY DESIGNAT	ION (if applicable):				
PREVIOUS INCUMBEN	T;		FINANCE ORG:	HC L	DCATION:
WORK ADDRESS & FLO CITY & ZIP CODE:	OOR:		IMMEDIATE SUR EMPLOYEE ID:	PERVISOR:	
	REQUEST FOR E	LIGIBLE LIST TO FILL VA	CANT POSITION (Please c	omplete if applicable	o)
CERTIFY THROUGH (N	IAME):		POST ON REINS	TATEMENT/TRANS	FER WEBSITE:
ADDITIONAL COMMEN	TS:				
EM	PLOYEE INFORMATION - A	PPOINTMENT OF RETIRE	E, TRAINEE OR CONSULT	ANT (Please comple	te if applicable)
EMPLOYEE NAME:			EMPLOYEE ID:		
		ADDITIONAL INFORM	MATION (Required Fields)		
Does this position impac	t Client Services?				
Does this position provid	e Administrative Support?				
Does this position genera	ate revenue?				
s this position a service	mandate?				
Other factors?					

MMEDIATE SUPERV	ISOR SIGNATURE:		🗌 Signer	Designee	Date:
Supervisor Name and	Phone Number:	<u></u>			
DIVISION DIRECTOR	:: 🗆 Ap	proved	🔲 Signer	Designee	Date:
Division Director Nam	e and Phone Number:				
FINANCE DEPARTM	ENT: 🗆 Ap	bevoro	Signer	Designee	Date:
Finance Department N	lame and Phone Numbe	c.			
itable Funding Source	for Program?	Yes 🗌 No Fund	ing Source:		
TE:	Funding Source Time-Lin	ited: 🗌 Yes 🔲 M	lo Timeframe (if yes	s):	
IR DEPARTMENT:	FINANCIAL ORG:	PROGRAM NUMBER /	PROJECT:	COMMENTS:	
DEPARTMENT HEAD	: 🗆 App	roved	Signer	Designee	Date:
AGENCY DIRECTOR	: 🗌 App	roved	Signer	Designee	Date
		HUMAI	RESOURCE OFFICE	E USE ONLY	
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Personnel Requisition Process Overview

Certification List / Provisional

	Action	Responsibility
1.	Contacts designated Personnel Officer to discuss the department's needs and determine the best method to fill a position (County Position, TAP, and/or Payroll Services).	Hiring Manager or Program Administrator/ Director
2.	Submits the completed Personnel Requisition with Hiring Manager and Division Director signatures to Finance for approval.	Hiring Manager or Designee
3.	Reviews requisition, confirms position number, and verifies pay units are available to fill the position; identifies expensing information for the position (org number and program number). Forwards approved requisitions as outlined below in item 4; denied requisitions will be returned to the Hiring Manager or Program Administrator/Director with explanation for denial.	Finance Department
4.	 The requisition is routed as follows and is reviewed and approved within two (2) business days at each level. a. Department Head* b. Agency Director 	Department Head Agency Director Human Resource
*The perso	Department Head or their designee will be directly responsible for forwarding the signed nnel requisition to the Agency Director for approval.	
5.	 After approval by Agency Director, the Personnel Requisition is submitted to HCSA Human Resources for processing. a. Personnel Officer notifies the Hiring Manager that the requisition has been approved by the Agency Director. b. Posts position on the Internal Opportunity Announcement for one week. (This step will not be necessary if hiring via TAP or Payroll Services.) c. Obtains the certification list or assists with external recruitment and advertisement needs if requested by the department. 	HCSA Human Resources
6.	Interviews and selects potential hire. Notifies HCSA Human Resources of potential hire. Forwards record of selection, application, list of references, and Consent to Release Information form to HCSA Human Resources.	Hiring Manager
7.	Conducts reference checks on potential hire and notifies hiring manager and necessary parties of results. Contacts potential hire to collect all required information and documentation to process transaction(s).	HCSA Human Resources
8.	Contacts potential hire to make contingent job offer. Candidates should be advised that offer is contingent upon successfully completing the pre-employment physical, fingerprint/background check* and approval from County Human Resources.	Hiring Manager or HCSA Human Resources
9.	Initiates and completes the pre-employment process and updates the hiring manager throughout the process as needed. Notifies all parties of start date.	HCSA Human Resources

Creating a DocuSign Account

Creating an online DocuSign account allows you the ability to view all PREQ forms that are either awaiting your signature or documents that you have signed. Creating a DocuSign account also gives you the option of creating your personal signature.

DocuSign web page:

https://na2.docusign.net/Member/MemberLogin.aspx

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How it Works Features Solutions	Pricing Customer	LOG IN TO DOCUSIGN No Account? Sign up.
Create four FREE DOCUSI	gil Personal A	EMAIL
		skline@acbhcs.org
First Name		
Steven		PASSWORD
Last Name		
Kline		Forgot your password?
Email		LOG IN
steve.kline@acgov.org		
By clicking the "Get Started" button below you agr	ee to the Terms and Cond	litions
GET STARTED		

Once you have signed up for an account, you will be sent an email allowing you to log into your account and create your personal profile.

! [] 0	RECEIVED	•	FROM		SUBJECT
	12:16 PM		DocuSign	via DocuSign	Action Required - Activate Your DocuSign Account
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			Thank you for choosing DocuSig	n. You're just one step away from experiencing	g the benefits of
			DocuSign's electronic signature s	solution.	
			Please click the 'Activate' link belo	ow to verify your email address and complete	your account registration
			process.		

Activate

Changing your Signature

Log into your DocuSign Account From the Docusign dashboard, click on "Edit"

)	Edit
steve kline steve.kline@acgov.org Member since 2017	
ut 25k	
	steve kline steve.kline@acgov.org Member since 2017

Signatures

Multiple signatures allow you to manage variations of your name.

DocuSigned by: 	SK DS	Edit	Delete			
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By clicking Create, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on envelopes, including legally binding contracts - just the same as a pen-and-paper signature or initial.

		CREATE	CANCEL						
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At the Signature section for where you

	Approved Decline	Signer Designee Test Account 25K
AGENCY DIRECTOR: SIGNATURE:	Approved Decline	Signer Designee Test Account 25K

Group Email Boxes

The following email boxes are used to allow approved department personnel to access the PREQ forms for signing.

Environmental Health Department Head Email box Environmental Health Finance Department Email box Public Health Department Head Email box Public Health Finance Department Email box Behavioral Health Department Head Email box Behavioral Health Finance Department Email box Human Resources Department Email box Agency Director Email box EHDirectorDocuSign@acgov.org EHFinanceDocuSign@acgov.org PHDirectorDocuSign@acgov.org PHFinanceDocuSign@acgov.org BHDirectorDocuSign@acgov.org BHFinanceDocuSign@acgov.org HCSAeforms@acgov.org HCSADirectorDocuSign@acgov.org

DocuSign Email Workflow (normal process)

