Hirezon Exchange

HR FORMS TRACKING SYSTEM

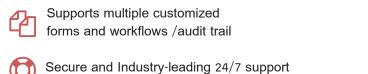
Our Higher Education focused HR Forms Tracking System assists in managing any HR Forms (Recruitment related requisitions or Employee related personal records) that need review and approval by one or more personnel like supervisors, department heads, directors, dean, provost, vice-president and president.



Higher Education HR administrators have wide flexibility in assigning user privileges to other employees

Examples of HR Forms are:

- **1.** Personal Action Form
- 2. Promotion Request Faculty Tenure Track
- 3. Term Renewal Form
- 4. Fund Allocation for Temporary Help
- 5. Rate Change / Transfer
- 6. Employee Separation Form
- 7. FMLA
- 8. Staff Development / Training Form
- 9. Compensation Authorization Form
- **10. Contractual Employee Termination Request**
- **11. Appeal and Grievance Form**
- 12. Staff Disciplinary Suspension Notification
- 13. Requisition to Fill a Vacancy
- **14. Hiring Proposal**
- 15. Search Waiver



Metric reports - Excel File Format

Email notification to each approvers

TERM RENEWAL PROCESS WORKFLOW		FMLA FORM WH-380-E			
Jim Watson	\$ Guesta (AllTaaka 🔻	Form WH-380-E			
Form 0:19422		Hirezon Exchange			
Department Chsir/Supervisor - To complete A unsatgree	😂 Teal Posting 🖤 Actions	Ferm W	/H-380-E		
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⁴⁴ Please attack Carrent Vear Kvin störn Form Peese and var comprehend omert vear Eesberkin 4 PEF gapp be smed fram the Performance segrem do to Writerin reviews-o delect this firm three Eesberkines since PEF gappo breach it here.		Expires 9/3/2021 SECTION I: For Completion by the EMPLOYER			
Choose Fix Ito fix choose		accurate is the comparison by we can correct the set of			
Crease Fie Notice Notice					
Discussie to Cf. 16		medical contractors, recomposition of the medical motions of employees cheared in usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Amerithe Genetic Information Nondiscrimination Act applies.	in PREA purposes as condemna motion records in separate restricting from the ricens with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, f		
© Star Key bioccolor		Employer name and contact: Jack Wilson , Tet 678-680-0908			
Emplayee - Actnowledge	🕃 Tast Roming 🚥 Actions	Employee's job title: HR Manager Regular work schedule: MF 8.3 Employee's essential job functions: To manage recruitment for both staff and fact			
Dean/AVP/Sr. Director - To complete	🕃 Tast Roming 🚥 Actions				
I imaignet			& Submit		
Employee-Antrowiedge	💭 Task Rowing 😁 Actions	FMLA Form converted	d to PDF (Govt. Form)		
Vice President - To complicite & Unsergreef	🗘 Test Roxing 🚥 Actions	Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)	U.S. Department of Labor Wage and Hour Division		
Employee - Acknowledge	🖨 Teal Ronting 🖤 Actions	DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR:	RETURN TO THE PATIENT OMB Control Number: 1235-0003 Expire: \$31/2021		
President - To complete	🛱 Teal Posting 🖤 Actions	SECTION 1: For Completion by the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C F R, §8 2825.306-2825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C F R, §6 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance			
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Human Resources - Aoknowledge	📿 Tant Reining 🖤 Actions				
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HR Term Reneval Later J. Inseasere	🖓 Tast Roning 🚥 Actions	with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscr			
Term Renewal Letter - Employee	🗘 Track Reising 🚥 Actie as	Employer name and contact: Jack Wilson , Tel: 678-890	0-0908		
Sand for Presk Action		Employee's job title: HR Manager Regular work schedule: M-F 8.30-4.30			
	-1	Employee's essential job functions: To manage recruitm	ent for both stan and racuity		
CONTRACT FORM - MA St		Check if job description is attached:			
Hirezon		SECTION II: For Completion by the EMPLOYEE INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 USC. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).			
				MA Standard Contract Form	
				This form, to be used for New Contracts and Contract Amendments/Renewals, is jointly	
issued and published by the <u>Executive Office for Administration and Finance (ANF</u>) , the				SECTION III: For Completion by the HEALTH CARE PROVIDER INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and	
Office of the Comptroller (CTR) and the <u>Operational Services Division (OSD</u>) for use by all					
Commonwealth Departments. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors					
should only complete sec tions marked with a " Î ". For Instructions and hyperlinks		CONTRACT Form converted to PDF (MA State) COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM			
(italics), please view this form at : www.mass.gow/osc under Guidance For Vendors -					
Forms or at <u>www.mass.gov/osd</u> under <u>OSD Forms.</u>		This tom is jointy issued and published by the <u>executive office to Annihilatation and Privance (APP) the office of the Computerer (CTT) and the <u>Operational Services Division (Operational Services Division (Operational Services Division</u>) as the default contract the aid Communean Departments when another within a not prescribed by regulation or poincy. Any Canages that the official contract two softwares and the additional intervices and the additional additionadditional additional a</u>			
CONTRACTOR LEGAL NAME (and d/b/a):		terms as part of this Contract without prior Department approval. Click on typerlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <u>www.mass.gov/oss</u> under <u>Quidance For Vendors - Forms</u> or <u>www.mass.gov/oss</u> under <u>QUEP</u> Forms.			
Legal Address: (W-9, W-4,T&C):		CONTRACTOR LEGAL NAME: [and dfNa]:	COMMONWEALTH DEPARTMENT NAME: XYZ Controller office MMARS Department Code: UHJI89		
		Lecal Address: (W-9, W-4,T&C): Contract Manager:	Besiness Malling Address: 4 Bellows Road, Westborough, MA 01518 Billing Address (f different): Same as above		
Contract Manager: E-Mail:		E-Mail: Phone: Fax:	Centrect Manager: Jack Williams E-Mail: office@hirezon.edu		
Phone: Fax:		Contractor Vendor Code: Vendor Code Addeess ID (e.g. "AD001"); AD	Phone: 9787004605 Fax: 978-090-9089 MMARS Dec ID(s): AS58		
Contractor Vendor Code: (Note: The Address ID must be set up for EFT payments.) Vend		(Note: The Address Id Must be set up for <u>EFF</u> payments.)	RFR/Frocurement or Other ID Number: YU7 CONTRACT AMENDMENT		
COMMONWEALTH DEPARTMENT NAME: MMARS Department Code: XYZ Controller office UHJI89		PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20, Enter Amendment Amount: \$ (or "no change")		
		Collective Purchase (Atlach OSD approval, scope, budget) Department Procurement (includes State or Federal grants <u>615 CMX 2.00</u>) (Atlach RFR and Response or other procurement supporting documentation)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes Amendment to Scope or Budgel (Attach updated scope and budgel) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Business Mailing Address:		<u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <u>Contract Employee</u> (Attach <u>Employment status rorm</u> , scope, budget) <u>Legislative/Legi</u>	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/jusiHcation ane updated		
4 Bellows Road, Westborough, MA 01518		budget) The following <u>CCMMONWEALTH TERMS AND CONDITIONS</u> (T&C) has been exe	scope and budget) cuted, filed with CTR and is incorporated by reference into this Contract.		
Billing Address (if different):		Communicatility Terms and Conditions Communication Terms and Conditions For Human and Social Dervices <u>COMPENSATION</u> (Check CNIE option): The Department certifies that payments for automized performance accepted in accepte			
Same as above		in he take accounting system by sufficient appropriations or other new appropriated funds, subject to intercept for Commonwesthe weed destance 616 GMR 30.0 <u>Rate Constant</u> (for Maximum Obligation. Attach delation of a interlet, units, caudicións, candidion curtems and any Amazeri intercept interso arb may anaber allo margeneda.) <u>Maximum Obligation Contract</u> : Entel Total Maximum Okligation for tota duration or intis Contract (or new Total + Contract is being amended). 5 <u>###789</u> .			
Contract Manager: Edit <u>E-Mail:</u> Contin	ue	PROMPT PAYMENT DISCOUNTS (PPD): Commonweath payments are issued in identify a PPD as nonces: Payment issued within 10 days _% PPD; Payment issued	rough <u>EFT</u> 45 days from invoice receipt Contractors requesting ascelerated payments mu within 1s days _ % PPO, Payment issued within 20 days _ % PPD, Payment issued with Landard 45 day cycle_statutorylegal or Ready Payments (<u>GL_C_28, § 73A)</u> ony Init		
	•	30 days% PPD. If PPD percentages are left blank, identify reason agree to si payment (subsequent payments scheduled to support standard EFT 45 day payment of the support schedule of the support schedule of the support standard and the support schedule of the suppo	tandard 45 day cycle[_]statutoryleçal or Ready Payments (<u>GL_c. 29, § 23A;</u> _ only init cycle. See <u>Prompt Pay Discounts Policy.</u>)		