

# UNT | SYSTEM™

BUSINESS SERVICE CENTER

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**RFP Number 752-17-0926MA**

**Due Date: November 21 2016, 2:00 PM Local Time**

**Title: E-Forms Solution**

**Addendum Date: November 15, 2016**

## **ADDENDUM NUMBER: 2**

**Please note that the following clarifications and changes are hereby made to RFP 752-17-0926MA, E-Forms Solution:**

1. Please provide UNTS's total number of employees (including full-time, part-time, adjunct, student workers, etc.).

Answer: 14,251

2. Do you have more than one production instance each of HCM, cS, FIN and interaction Hub?

Answer: No.

3. The scope of the RFP appears to only be soliciting an electronic forms tool with installation and training services. It does not appear to include consulting assistance in the automation of any specific business process (e.g.) personnel actions, onboarding, expenses, time and leave reporting, etc.). Is the University interested in receiving estimates of automating any specific processes that you've targeted for e-Forms automation? If so, please provide a summary of the business requirements and work flow for these processes.

Answer: Will create documentation for four to five forms; examples will be with no integrations, ones that pull data from ERP to prepopulate form, and ones with integrations pushing back into ERP and possibly Image Now (document management system).

4. Are any of the processes that you are considering for e-Forms shared across multiple campuses? If so, are they standardized or would requirements vary across the different campuses, departments, or schools?

Answer: For HR, the intention is that they will be standardized across the campuses; however, each campus may have their own specific form that might not be shared across all campuses.

5. CLARIFICATION: Reference Section 2.5, Historically Underutilized Businesses. Please ensure that you comply with the requirements of this section. Also, Section 3.5.2 directs that the HUB Subcontracting Plan be submitted in a separate envelope.

**FAILURE TO SUBMIT YOUR HUB SUBCONTRACTING PLAN IN A SEPARATE ENVELOPE MAY RESULT IN YOUR PROPOSAL BEING DISQUALIFIED.**

6. CORRECTION: Reference Section 2.5, Historically Underutilized Businesses. Please change the email address for Greg Obar to Greg.Obar@untsystem.edu.

7. QUESTION: Has the UNT System taken any workshops on e-Forms?

Answer: Over the years we have become familiar with this approach?

8. QUESTION: Has a budget been approved?

Answer: Yes.

Is there any scope of an initial forms project where we would want mentoring?

Answer: Our expectation is that training and knowledge transfer will be sufficient.

9. CORRECTION: Reference Appendix One, paragraph 1.1. Please change “UMTS” to “UNTS.”
10. CORRECTION: Please delete the sentence in Section 3.1 which reads, “In addition, Proposer must submit one (1) additional electronic copy of the proposal on a USB Flash Drive in which all proposed pricing information, provided in response to Section 6.”
11. CORRECTION: Reference Section 3.5, Submittal Checklist. Add a number 3.5.6 which should include responses to questions in Section 5.2
12. CORRECTION: Reference Section 3.4.1. Please delete the reference to “Additional Questions ref. Section 7 of this RFP.”
23. CORRECTION: Reference Section 3.5.3 Please delete “And Section 7.”
24. CORRECTION: Reference Appendix 1, paragraph 1.9. Please delete Section 1.9.3.
25. CORRECTION: Reference Appendix 1, paragraph 1.9.4. Please change reference to “Section 7” to “Section 3, Proposer’s General Questionnaire.”
26. ADDITIONAL REQUIREMENT: Attached are five (5) form examples that we wish to have individual pricing on what the cost would be for your company to produce on behalf of the UNTS. Please note that this pricing is in addition to pricing requested in other areas of the RFP. The examples include:
- a. Flexible Work Schedule Request/Decision
  - b. Corrective Action Notice

- c. Staff Equity Adjustment Request
- d. Tuition and Fee Setup Request
- e. Chartfield Request

Michael J.  
Abernethy

Digitally signed by Michael J. Abernethy  
DN: cn=Michael J. Abernethy,  
o=University of North Texas, ou=Senior  
Director for Procurement Services,  
email=Michael.Abernethy@untsystem.e  
du, c=US  
Date: 2016.11.15 14:56:23 -06'00'

**END OF ADDENDUM**

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**Purchasing Signature**

**Acknowledgement: Please acknowledge receipt of this addendum via submittal of Section 4, Addenda Checklist.**



## Flexible Work Schedule Request/Decision Form

### Part I—To be completed by employee

At least 30 days prior to the anticipated start of a flexible work schedule, complete this form and submit to your supervisor.

Name:

Title:

Empl ID:

Department:

Supervisor's Name:

Official Work Location:

Employee Type:  Non-exempt  Exempt

I request that I be permitted to work the flexible work schedule outlined below:

Day	Work Time	Total Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Weekly Hours*		

I have received and read the [Flexible Work Schedule policy](#). I believe that my work can be completed within the above schedule with no loss of customer service or disruption to others in my department or to the university. I understand that my supervisor may require me at any time, for any reason, to return to the regular work schedule. I also understand that I must submit a new Flexible Work Schedule Request anytime I wish to make a change in my schedule, including returning back to regular work hours.

Print Employee Name:

Employee Signature:

Date:

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_

This agreement is subject to review.

Print Supervisor Name:

Supervisor Signature:

Date:

Print Department Head Name:

Department Head Signature:

Date:

***Part II—To be completed by supervisor***

- Flexible work arrangement approved.
- Flexible work arrangement approved with modifications.
- Flexible work arrangement denied/terminated.

If Flexible Work Schedule request is approved, how will potential gaps in service delivery to external customers, internal customers, coworkers, supervisor/ manager and others be handled?

If modified/declined this request, please explain why:

Please send the original form with required signatures to Campus Human Resources, Sycamore Hall, Room 119. A copy of this form must be placed in the department file and a copy must be sent to the department's time keeper and the requesting employee.



### Corrective Action Notice (HR-19)

Employee Name:  
Supervisor:  
Department:  
Date of this action:

Employee ID:  
Supervisor ID:

#### Disciplinary Level (check one)

- Written Reprimand
- Final/2<sup>nd</sup> Written Reprimand in Lieu of Suspension
- Suspension without Pay
- Termination

#### Prior Notification (check one)

- Level of Discipline    Date:            Reason:
- Verbal Warning        Date:            Reason:
- Written Reprimand    Date:            Reason:
- Suspension or Final/2<sup>nd</sup> Warning in Lieu of Suspension    Date:            Reason:

#### Incident Description and Supporting Details

1. Outline details of what occurred to include time, place, date(s) as well as impact on the department and institution.

2. List of violations as outlined in UNT Policy 1.7.1 Staff Employee Discipline and Voluntary Termination and UNTHSC Policy 5.901 Performance Counseling and Discipline and UNT Dallas Policy 5.021 Staff Employee Discipline.

**Actions Necessary to Bring About Improvement**

Your performance in the following area(s) is expected to improve immediately. You are expected to: *(list expectations with any specific directions or training that may be applicable)*:

You are expected to perform your job duties efficiently and accurately on a consistent and on-going basis and to comply with all rules, policies, procedures and standards of conduct established by the university and your division or department. Failure to meet these responsibilities can result in further disciplinary action, up to and including termination of employment.

**Suspension (write NA if not applicable)**

You are placed on suspension with/without pay for \_\_\_\_\_ working day(s) effective on the date of receipt of this **Corrective Action Notice**. In addition, you will:

**Termination (write NA if not applicable; circle component)**

Your employment with UNT, UNT Health Science Center, UNT Dallas, UNT Dallas College of Law, UNT System is being terminated effective immediately.

**Employee's Comments:**

**Employee Acknowledgment**

*If you are a non-faculty employee and you believe that this action violates an existing UNT System policy or administrative directive; violates an existing state or federal law or regulation; or that the conduct for which you are being disciplined constitutes the exercise of a constitutional right or a statutorily protected activity, you may utilize the complaint/grievance process as described in UNT System Policy 3.1001, UNT Policy 1.7.2, UNTHSC Policy 5.903 and UNT Dallas Policy 5.005.*

I have received a copy of this notification. It has been explained to me, and I have been advised to take the time to read it before I sign it. My signature acknowledges receipt of the notification, but not necessarily agreement with the statements made in it.

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness, if employee refuses to sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution**

- Original to Employee
- Copy retained by Supervisor/Department
- Copy to Human Resources at employee’s employer (UNT, UNTHSC, UNT Dallas, UNT Dallas College of Law or UNT System Administration)



# UNT<sup>®</sup> UNIVERSITY OF NORTH TEXAS<sup>™</sup> Staff Equity Adjustment Request Form

This form is to be used for requesting a staff equity adjustment. Submit completed form to Human Resources.

Employee's Name:	Empl ID:	Date Appointed to position:
Job Classification Title:	Position #:	Dept:
Current Salary:	Job Code:	Requested Equity Adjustment:

### General Guidelines for Equity Adjustments:

1. Equity adjustments provide a mechanism for maintaining salary relationships between and among employees and employees who hold similar positions in relevant labor markets. For example:
  - a. An internal equity adjustment may be appropriate when salary inconsistencies are found due to differences in the compensation paid to staff members in the same classification with equal years of service within the classification which cannot be explained by differences in education, training, and/or job performance.
  - b. An external or market equity adjustment may be appropriate in order to move a staff member toward the midpoint of the associated pay range (market) to better align with similar positions in the relevant labor market.
2. The employee must have worked in the current position for at least six (6) months (this does not include non-vacancy driven progression as defined by Staff Salary Administration Procedures) while maintaining a satisfactory level of job performance and may only receive one equity adjustment in a 12 month period.
3. The amount of any equity adjustment must be funded by the department and is dependent on the availability of department funds.
4. Equity increases will take effect the first day of the month following the date the HRM 6 is signed by the responsible Vice President.

Justification: Describe the inequity and provide the rationale for the requested equity adjustment (consider the effect it will have on the individual and on other department employees).



UNIVERSITY OF NORTH TEXAS Staff Equity Adjustment Request Form

Salary Equity Considerations: Management has the responsibility of assuring that equitable salary relationships are maintained as follows:

Appropriate salary relationships should be maintained for staff within the same classification or related classifications, taking into consideration distinguishing factors such as performance, skills, and experience. Special care should be exercised to ensure that salary differences are neutral with regard to race, gender, age, national origin, disability, FMLA status, and other categories protected by state and federal law.

Manager Name:	Signature:	Date:
Department Head Name:	Signature:	Date:

HR Compensation Review Findings (HR Use Only):

<input type="checkbox"/> Equity Amount Requested Complies with Findings	<input type="checkbox"/> HR Recommendation Different than Requested
Amount Justified by Review \$	HR Representative:
Date Review Completed:	Signature:
Comments:	

Upon completion of the salary review, Human Resources will forward the findings to the requesting manager with a copy to the appropriate Vice President. If approved by appropriate Vice President, please complete and submit a HRM 6 to Human Resources along with this completed form signed by appropriate the Vice President.

Vice President Approval – If applicable, I have discussed any discrepancies between the department’s request and HR’s recommendations with Human Resources:

Vice President	<input type="checkbox"/> Approved    Amount \$	<input type="checkbox"/> Not Approved
Vice President Name:	Signature:	Date:

President Approval – **Required only when Vice President is the requestor of the adjustment.** If applicable, I have discussed any discrepancies between the Vice President's request and HR’s recommendations with Human Resources:

President	<input type="checkbox"/> Approved    Amount \$	<input type="checkbox"/> Not Approved
President Name:	Signature:	Date:



Request Number: Request Date: 

## Chartfield Request Form

Email completed form to [coarequest@untsystem.edu](mailto:coarequest@untsystem.edu)

### Requestor Information:

Name:   
Email:   
Department: EUID:   
Phone:   
Agency: 

### Request Information:

Priority:   Add  Modify  Inactivate

### Chartfield Type Requested:

 Account  Alt Acct  Fund Cat  Function  Program  Purpose  Site **Organizational Department**    
Org Dept ID Holder Org Dept ID Holder Empl ID **Project ID**    
Project ID Holder Project ID Holder Empl ID  
    
PCBU Base Org Dept Name Base Org Dept ID **Fund** *If New Fund, provide the funding source:*  
 Appropriated Funds   Fees Collected  Gift  Grant  Services  
PCA Code  
Other (explain) 

**Reason for request and description of chartfield use:** Explain the source and specify the use of new Funds including special restrictions. If funds have been donated, include the donor's letter of transmittal, MOU or other relevant documentation.

### Chartfield Information:

Effective Date:  Chartfield Value:  Parent:   
(if known) (Rollup)Chartfield Descripton:  Short Descr: Long Description: 

### Organizational Approvals:

 Required  Not Required       
Dept Head Date Dean or Director Date Vice President Date

### Administrative Use Only:

Budget Officer /  Final   
Controller Approval Approval:  
Entered by:  Chartfield Value:   
Entry Date:  Alt Acct  Control Notes: