

## Instructions for submitting Annual Performance Evaluation Forms via eUpload:

1) Log in to the RCUH <u>Human Resources Portal</u> and click on the eUpload link (left sidebar in the Project eUpload section) and follow the steps below.

Instructions:	
<ol> <li>Initiate a new eUpload request for an employee or for all employees on a distribution code, attaching forms and/or supporting documents as required. Please note that RCUH reserves the right to determine the effective date of change.</li> <li>RCUH will review eUpload requests and update the eUpload status in real time (Pending RCUH Review, Under RCUH Review, Returned to Project, Approved for Processing, Canceled).</li> </ol> For assistance uploading documents, contact the RCUH HR Help Desk at (808) 956-8900 or <a href="https://www.nchelpdesk@rcuh.com">https://www.nchelpdesk@rcuh.com</a> . For eUpload request follow-up, please use the contact information listed on your form.	
*eUpload Type:	1. Select eUpload Document     Type.
RCUH Annual Performance	Evaluation Form
	2. This option will vary based on eUpload Document Type.
Distribution Code:	Select the applicable Distribution Code OR Project Description.
4 digits - e.g. 0999	3. If Distribution Code is required, then select if
Upload For:	the eUpload is for a single employee, multiple
Comments	employees, or the overall Distribution Code.
Primary Contact Information *Name:	employees, or the overall Distribution Code.      4. Contact information for the user     submitting the request will prefill. If you nee     to make changes to the contact information,
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Primary Contact Information *Name: *E-Mail: *Phone:	employees, or the overall Distribution Code.      4. Contact information for the user     submitting the request will prefill. If you nee     to make changes to the contact information,     you may do so here. PLEASE NOTE: This is     TEMPORARY (only applicable for this     transaction) and does not update contact
Primary Contact Information  *Name:  *E-Mail:  *Phone:  Click here to upload forms and/o eUpload Request	
Primary Contact Information *Name: *E-Mail: *Phone: Click here to upload forms and/o	