

Health Affairs Compliance 360 Training Requester Guide

A Collaboration between Health Affairs

and

UCDAVIS
HEALTH

IT Education

Updated May 2025

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Introduction

The Compliance 360 (C360) replaces the manual submission, annual review, and renewal processes for all business agreements processed by the Health Affairs team. The system consists of multiple modules that organize and store data. The modules and folders that display are based on user's security.

Accessing and Logging Out of C360

We use single sign-on functionality to access C360. That means as long as users are logged in to the UCDH network, they do not need to enter a user name and password to access the system.

Accessing Logging in to C360

To access C360:

1. Launch Chrome or Edge
2. Copy and paste the URL to your browser
<https://secure.compliance360.com/?organization=UCDH>

Logging Out of C360

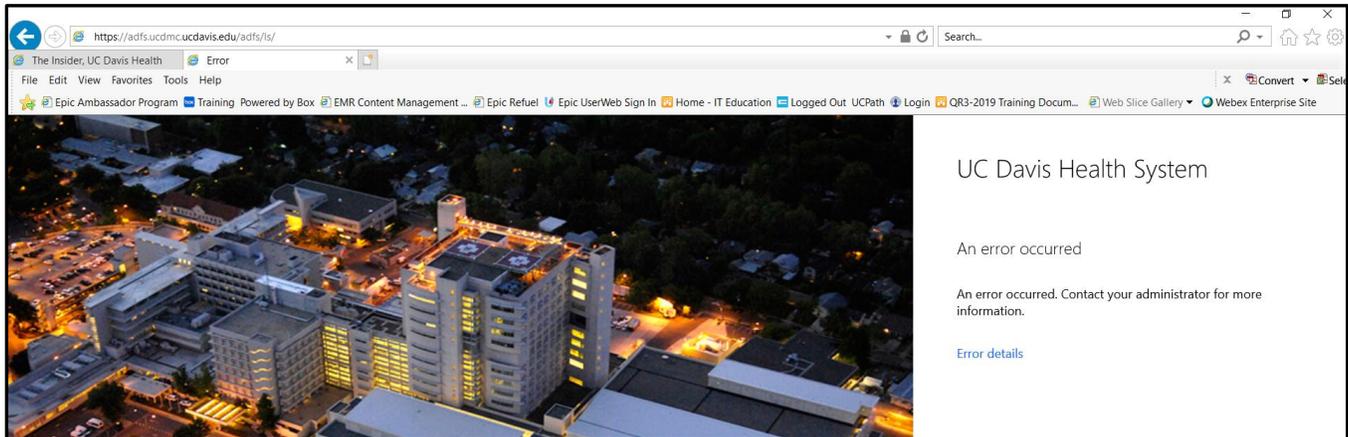
To log out of C360:

1. Hover the cursor over your name in the top right corner. Then, select **Logout**.



Logout Menu Option

2. Close the browser window.



Internet Explorer Browser Window

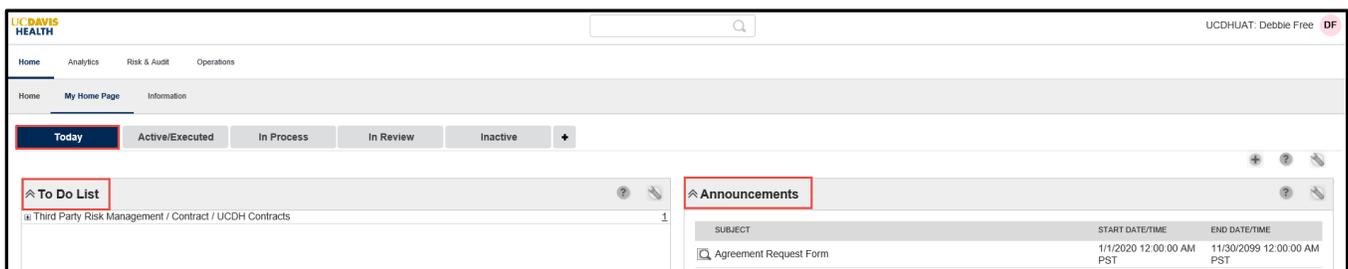
C360 Landing Page

After logging in, the C360 landing page displays on the **Today** tab. Access to the tabs in the system and the data contained within them are based on users' security. Listed below is a description of the tabs.

Important: Do not use the Web browser's back and forward buttons. Use only the buttons in C360 to navigate through the system.

Today:

- **To Do List** – Tasks that require action. For example, whenever a task is assigned for completion, the record displays on the list.
- **Announcements** – Access the **Agreement Request Form** in this section. Additionally, news and information may also appear in this section.



Landing Page: Today Tab

Active/Executed:

- Agreements that are active and/or executed display on this tab and have the workflow status: Executed ; –and Active- Scheduled for Close Out

Landing Page: Active/Executed Tab

In Process

- Agreements that are being processed and have the following workflow statuses display on this tab:
 - Department Approval 1 and 2 (Approval of the Agreement Request).
 - Executive Approval 1 and 2 (Approval of the Agreement Request).
 - Agreement Request Rejected (Rejection of the Agreement Request by the Department or Executive Approvers).
 - Agreement Assignment (Health Affairs Contracting team prep for assignment to Contract Specialist).
 - In Process (Contract Specialist activity to complete the contract process).
 - Not Yet Submitted (Agreement created, pending submission by the Submitter).
 - Requester Review Required (If the Contract Specialist requires further information from the Submitter).
 - Secondary Executive Approval 2 (Approval request to Executive Approver 2 as applicable by the Contract Specialist).
 - Secondary Executive Approval 2 Rejected (Rejection of approval send by the the Contract Specialist to Executive Approver 2).
 - Scheduled Review Required: Scheduled reviews in process pending department managers or SMEs to complete and return to Contracts' Office
 - Scheduled Review Intake: Completed annual Schedule Review Form pending to be assigned to Contract Specialist
 - Triage: Request submitted successfully by Department and it's in the Triage queue with Contract Office to do a first cursory review before it routes to the Approvers.
 - Amendment or Replacement – In Process: An amendment is being drafted or pending negotiations

Landing Page: Active/Executed Tab

Review Required:

- Agreements that are currently being reviewed and have the following workflow statuses display on this tab:
 - Scheduled Review Required: Scheduled reviews in process pending department managers or SMEs to complete and return to Contracts's Office.
 - Delinquent Review: Past due scheduled reviews in process pending department managers or SMEs to complete and return to Contracts's Office.

The screenshot shows the SAI360 interface with the 'Review Required' tab selected. The 'Contract List' table contains the following data:

AGREEMENT NUMBER	AMENDMENTS	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONTACT PERSON	AGREEMENT DESCRIPTION	EFFECTIVE END DATE	STATUS	LAST TOUCHED	NEGOTIATION STATUS	ASSIGNED CONTRACT SPECIALIST	AGREEMENT SUPPORT	ACTIONS
2093	14	Barton Memorial Hospital	... \SOM \ Center for Health and Technology		UC Provides Infectious Disease Telemedicine Consults	6/30/2025	● @Scheduled Review Required	-		Butler, Shelly D.	Ramos, Jessica M.	Actions
2096	11	Shasta Community Health Center	... \SOM \ Pediatrics	Bali, Shelina	Telemedicine Pediatric Endocrinology	6/30/2025	● @Scheduled Review Required	6/21/2024		Butler, Shelly D.	Yang, Joua	Actions
2121	6	Dignity Health- Mercy Medical Center Redding	... \SOM \ Center for Health and Technology		UC Provides Telemedicine Peds, Neonatal and Radiology Consults	6/30/2025	● @Scheduled Review Required	-		Butler, Shelly D.	Butler, Shelly D.	Actions
2307	13	Shriners Hospitals for Children- Northern California	... \SOM \ Graduate Medical Education	Trynham, Ryan	Affiliation - ACGME Op Add #22 (Paid Rotations)	-	● @Scheduled Review Required	8/29/2024		Yang, Joua	Yang, Joua	Actions
2638	3	Adventist Health- Lodi Memorial Hospital	... \SOM \ OB/GYN		UC Provides Maternal Fetal Medicine (MFM) Services	6/30/2025	● @Scheduled Review Required	-		Ramos, Jessica M.	Ramos, Jessica M.	Actions
2626	3	Ridgecrest Regional Hospital	... \SOM \ Neurology		Telemedicine Services - Acute Neurological Care (+ Equip.)	12/31/2025	● Delinquent Review	-		Ramos, Jessica M.	Ramos, Jessica M.	Actions
2688	13	Plumas District Hospital	... \SOM \ Pediatrics	Bali, Shelina	UCD provides Telemedicine Pediatric Critical Care Services	6/30/2025	● @Scheduled Review Required	6/10/2024		Butler, Shelly D.	Miller, Andrew	Actions
2692	10	Oroville Hospital	... \SOM \ Pediatrics		Telemedicine Pediatric Critical Care/Peds Emerg	-	● @Scheduled Review Required	-		Butler, Shelly D.	Butler, Shelly D.	Actions
2696	8	Jerold Phelps Community Hospital	... \SOM \ Pediatrics		Telemedicine Consults UC Provides Pediatric Critical Care/Emergency	5/31/2025	● @Scheduled Review Required	-		Butler, Shelly D.	Butler, Shelly D.	Actions
2699	9	Barton Health System	... \SOM \ Pediatrics		Telemedicine UC Provides Pediatric Critical Care Consults	6/30/2025	● @Scheduled Review Required	-		Butler, Shelly D.	Butler, Shelly D.	Actions

Landing Page: Review Required

Inactive

- Agreements that are Inactive display on this tab.

The screenshot shows the SAI360 interface with the 'Inactive' tab selected. The 'Contract List' table contains the following data:

AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONTACT PERSON	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ASSIGNED CONTRACT SPECIALIST	AMENDMENTS	ACTIONS
	Training Documentation	... \UCDMC \ Administration		Training Documentation	● @inactive		zzConsultant Wing, Julie	1	Actions
	UPLOAD FOR DEPARTMENT FIELD LOOKUP VALUES	... \UCDMC \ Administration			● @inactive			0	Actions

Landing Page: Inactive Tab

Completing the Agreement Request Form

This section contains instructions on how to complete the Agreement Request Form.

Note: All fields marked with a red asterisk are required and must be completed to save any data entered on the form.

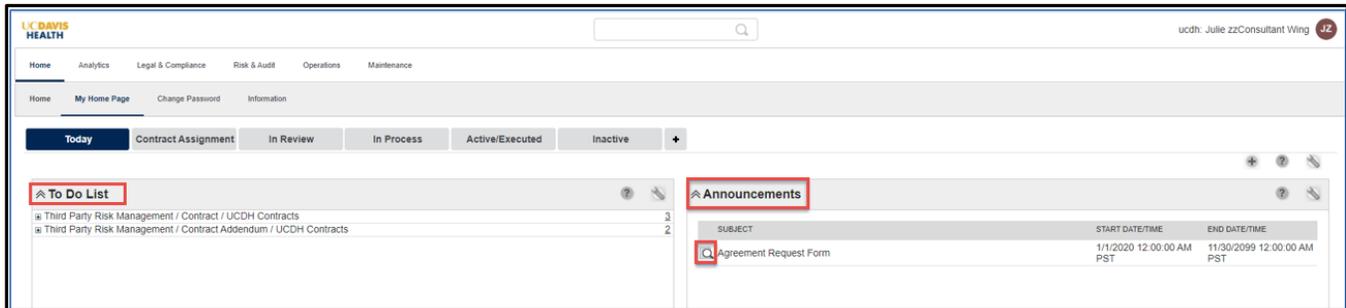
Make sure all required information is handy before starting the request form.

The form times out after 180 minutes. Work that is not saved is lost.

Hover over the icons to view a description.

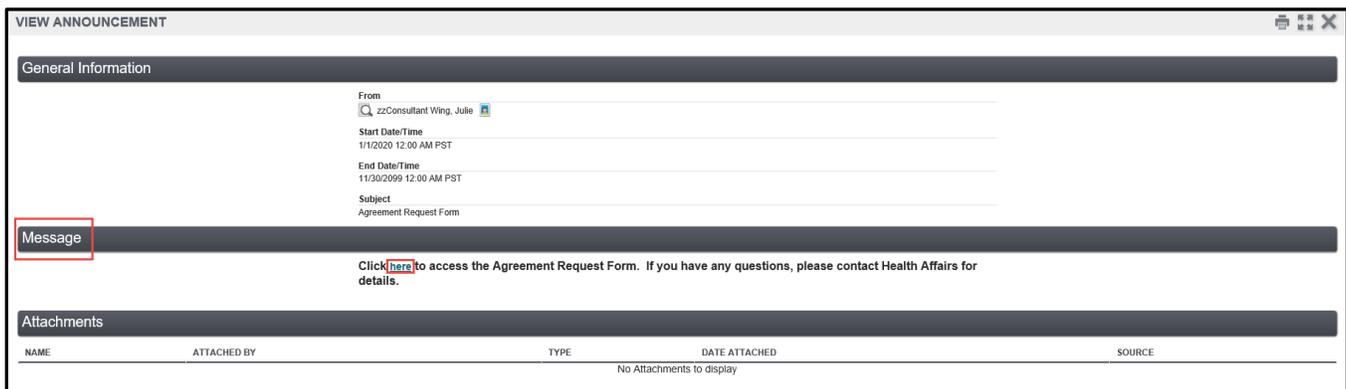
To complete the Agreement Request Form:

1. Click the magnifying glass next to the **Agreement Request Form** in the **Announcement**



C360 Landing Page

2. Click the **here** link in the **Message** section. The **Agreement Request Form** opens in a new, secure page outside of Compliance 360.



View Announcement Window: Message section

The **Agreement Number** field populates later in the workflow process.

3. Click the  (ellipsis) next to the **Initiating Department** Field.

Agreement Request Form

4. Select the appropriate folder, and then click the X in the upper right corner.
 - a. There are subfolders for each section under UCDMC, SOM, and SON. If the subfolders for the appropriate department does not display, click the + (plus sign) next to the main folder to expand the list.

Note: Some departments are collapsed into one department. For example, all PCN clinics are under Ambulatory Clinics. SOM – Administration is the Dean’s Office. If unsure which folder to select, please call or email Health Affairs.

If a department does not display in any of the folders, contact Health Affairs.

Folder Select Window

5. Type your last name in the Submitterfield, and then choose your name from the list. Another option is to click the **...** to search from a list of all employees within C360.
6. Type the last name of the **Department Contact Person**, and then choose a name from the list. Another option is to click the **...** to search from a list of all employees within C360.
7. Enter **Department Contact Person Phone** (include the 10-digit number and the dashes).
8. Enter the **Department Contact Person Email** address.
9. Select the appropriate option from the **Is this Request replacing an existing or prior agreement?** drop down menu
 - a. If you select YES, there will be an area for you entire additional information regarding what Agreement we are replacing and why. This is required.
10. Click in the **Will any other department(s) be involved** field, and then select **Yes** or **No**.
 - a. If you select YES you will be given a series of areas to indicate what additional departments are involved, what there role is, and if there are any other contact people for this agreement. Click **Add** displayed below the **If yes, which departments** field to add additional departments. (If the incorrect department is added to the list, select the department in the list, and then click **Remove**).

*Please update the Initiating Department field to your Department.

* Initiating Department
 ... ⊗ 📄 ?

* Submitter
 ... ⊗ 📄 ?

* Department Contact Person
 ... ⊗ 📄 ?

* Department Contact Person Phone

* Department Contact Person Email

* Is this request replacing an existing or prior agreement?

* Will any other department(s) be involved?

Agreement Request Form

- b. Click **Select** to add the additional department(s) from the list.
- c. Click **Close**.

Have Other Departments Involved Multi Lookup Select Window

d. Enter a narrative in the **How are the other department(s) are involved** field.

Agreement Request Form

e. If the incorrect department is added to the list, select the department in the list, and then click **Remove**.

11. Click the down-arrow next to the appropriate department to which the agreement will be routed for review and approval.

12. Enter the **Department Approver 1** and **2** and the **Executive Approver 1** based on the instructions in the Approval Routing for the selected department. **Note:** Instructions are department specific. Entering incorrect approver information may cause the request to be rejected or returned to the requester, which delays the approval process.

Note: It is important to select the correct approvers for the request. An example of the correct approval process is as follows:

Clinical Service Agreement requests:

	School of Medicine	Hospital	School of Nursing
Department Approver 1	CAO	Department Manager	Holly Evans
Department Approver 2	Department Chair	Director	Holly Evans
Executive Approver 1	Susan Murin, MD	Joseph Galante, MD	Stephen Cavanaugh
Executive Approver 2	Joseph Galante, MD	Mike Condrin	Joseph Galante, MD

Non-Clinical Service Agreement requests:

	School of Medicine	Hospital	School of Nursing
Department Approver 1	CAO	Department Manager	Holly Evans
Department Approver 2	Department Chair	Director	Holly Evans
Executive Approver 1	Susan Murin, MD	Mike Condrin	Stephen Cavanaugh

Approval Routing for UCDMC Departments

Approval Routing for UCDMC Departments:
 For Clinical Service Agreement requests:

1. Department Approver 1 is the Department Manager (or approved Designee)
2. Department Approver 2 is the Director (or approved Designee)
3. Executive Approver 1 is the CMO (or approved Designee)
4. Executive Approver 2 is the UCDMC CEO (or approved Designee)

For Non-Clinical Service and All Other Agreement requests:

1. Department Approver 1 is the Department Manager (or approved Designee)
2. Department Approver 2 is the Director (or approved Designee)
3. Executive Approver 1 is the UCDMC CEO (or approved Designee)
4. Executive Approver 2 is not applicable for non-clinical service agreement requests

Approval Routing for School of Nursing Departments

* Department Approver 1 ✖ 📄
* Executive Approver 1 ✖ 📄

* Department Approver 2 ✖ 📄
 ✖ 📄

Agreement Request Form: Approval for Routing

13. Enter a date (M/DD/YYYY) in the **Desired Start Date** field or click the calendar icon to choose a date.
14. Enter a **Desired End Date** (optional). Follow the same format as above.
15. Enter the **Legal Name of 2nd Party**.
16. Enter the **Mailing Address of the 2nd Party**.
17. Enter the **Social Security # Federal Tax ID#** or the **Foreign Tax ID#** if applicable.
18. Enter the NPI number if applicable.

Agreement Request Form: Second Party Information

19. Provide the name and title of our **2nd Party contact** (the individual you would like us to send the contract to)
20. Provide the **phone number and email address of the 2nd Party contact**, so we have somewhere to deliver the contract
21. Select from the drop-down menu a description of the **2nd Party (City, County, Federal, Non-Profit, For-Profit or Individual, State)**
22. Indicate if the **2nd Party is a Foreign Entity** (If so, select what **country** they originate)
23. Indicate if the **2nd Party is a Federally Qualified Health Center**
24. Indicate if the **2nd Party is religious entity** (review the University Policy regarding agreements with Health Care Organizations that may have policy restrictions, and if needed complete the **department certification form**)

2ND PARTY CONTACT INFORMATION

25. Click in the **Is the 2nd Party a university employee, or a near relative of a University employee** field, and then select **Yes** or **No**.
26. Click in the **Does a University employee or their near relative own or control more than 10% interest in the 2nd Party**, and then select **Yes** or **No**.
27. Click the **P&PM 350-90** link to view the policy (if necessary) if the answer is **Yes** to either of the two questions in the **Conflict of Interest** section.

CONFLICT OF INTEREST

* Is the 2nd Party a University employee, or a near relative of a University employee?

* Does a University employee or their near relative own or control more than 10% interest in the 2nd Party?

If YES to either of the above questions, please refer to [P&PM 350-90](#).

Agreement Request Form: Conflict Of Interest Section

28. Enter the **Nature and Purpose of Agreement** (attach detailed scope of services to be performed as necessary).
29. Click in the **Are patient care services being purchased by the University or sold by the University under this Agreement** field, and then select **Yes** or **No**. If Yes, CMO approval is required.
30. Click in the **Will either party have access to the other's protected health information** field, and then select **Yes** or **No**.
31. Complete the **Specify what PHI will be exchanged and in what direction the exchange will occur** field if applicable.

Note: A scope of work is required for income and expense agreements. The option to attach the information is at the bottom of this request form.

SPECIFIC SERVICE REQUIREMENTS

* Nature and Purpose of Agreement (attach detailed scope of services to be performed as necessary).

* Are patient care services being purchased by the University or sold by the University under this Agreement? If YES, CMO approval will be necessary for this agreement request.

* Will either party have access to the other's protected health information?

Specify what PHI will be exchanged and in what direction the exchange will occur (e.g. to or from UCDH).

Please attach a scope of work below which fully describes all services to be purchased or provided under the proposed Agreement.

Agreement Request Form: Specific Service Requirements Section

32. Click **Add** under the **Which Mission(s) does this Agreement support** field? (If the incorrect mission is added to the list, select the mission in the list, and then click **Remove**).

MISSION

Note: Research agreements are not processed by this office. Please submit projects which involve research at the University to the UC Davis Office of Research.

* Which Mission(s) does this Agreement support?

Add
Remove

Agreement Request Form: Mission Section

33. Click **Select** next to all of the appropriate missions.

34. Click **Close**.

HA MISSION SELECT ✖

Division
 [\(Select Division\)](#)

VALUE	ACTIONS
Community/Service	Select
Patient Care	Select
Teaching/Education	Select

CLOSE

HA Mission Select Window

35. Complete the **Describe how this Agreement will benefit the University or how is it related to the University mission** field.

36. Click in the **Is this agreement intended to facilitate the rotation of Residents, Fellows, Medical Students, Nursing students, or other Allied Health trainees**, and then select **Yes** or **No**.

37. Complete the **If yes, please specify what type of trainee(s) and if they are incoming or outgoing** field if applicable.

* Describe how this Agreement will benefit the University or how is it related to the University mission

* Is this agreement intended to facilitate the rotation of Residents, Fellows, Medical Students, Nursing students, or other Allied Health trainees?

If yes, please specify what type of trainee(s) and if they are incoming or outgoing.

Agreement Request Form: Mission Section

- 38. Complete the **Provide a high-level description of the nature of the affiliation or transaction, including its purpose and information about the other party or parties** field.
- 39. Complete the **Provide information about the importance or impact of the affiliation or transaction, particularly as it relates to the University’s education, research, or service (patient care) missions** field.
- 40. Complete the **Describe the anticipated consequences of disapproval of the affiliation or transaction** field.
- 41. Complete the **Describe any potential risks to the University under the proposed agreement** field.

SUPPLEMENTAL QUESTIONS

- * Provide a high-level description of the nature of the affiliation or transaction, including its purpose and information about the other party or parties.
- * Provide information about the importance or impact of the affiliation or transaction, particularly as it relates to the University’s education, research, or service (patient care) missions.
- * Describe the anticipated consequences of disapproval of the affiliation or transaction.
- * Describe any potential risks to the University under the proposed agreement.

Agreement Request Form: Supplemental Questions Section

- 42. Click in **The proposed agreement does NOT include any fees that, directly or indirectly, take into account the volume or value of referrals or other business generated between the parties** field, and then select Confirmed or Cannot Confirm
- 43. Click in the **There is NO evidence or implication that UC is overpaying for goods/services received or undercharging for goods/services provided under the proposed agreement based on your department’s reasonable due diligence in investigating appropriate costs** field, and then select Confirmed or Cannot Confirm
- 44. If the answer to either of these questions is **Cannot Confirm**, stop filling out the Agreement Request form and consult with UCDH Legal, David Levine.

FAIR MARKET VALUE

- * The proposed agreement does NOT include any fees that, directly or indirectly, take into account the volume or value of referrals or other business generated between the parties.
- * There is NO evidence or implication that UC is overpaying for goods/services received or undercharging for goods/services provided under the proposed agreement based on your department’s reasonable due diligence in investigating appropriate costs.

Agreement Request Form: Fair Market Value Section

- 45. Click in the **Will existing patients continue to have adequate access to physicians and/or University resources if the services above are provided** field, and then select Yes or No?

46. Complete the **If No, please explain why this agreement should be approved** field if applicable.

PATIENT ACCESS

The University must ensure that UC patients have adequate access to UC physicians and services.

* Will existing patients continue to have adequate access to physicians and/or University resources if the services above are provided?

If No, please explain why this agreement should be approved

Agreement Request Form: Patient Access Section

47. Click in the **Financial Consideration** field, and then select the appropriate response.

FINANCE

* Financial Consideration

No Cost
Expense
Income

Agreement Request Form: Finance Section

48. Click the drop-down arrow next to the response that matches the **Financial Consideration** selected in the previous step. Then, complete the applicable fields.

The **No Cost Financial Consideration** option does not require does not require additional details.

FINANCE

* Financial Consideration

No Cost

Please expand and complete applicable section below.

No Cost

A no cost agreement is an agreement in which no payment is made by UC Davis Health to the 2nd Party, or by the 2nd Party to UC Davis Health.

Agreement Request Form: Finance Section – No Cost Financial Consideration Expanded

The **Expense Financial Consideration** option requires additional details and includes a link to pre-hire worksheet.

★ Financial Consideration
Expense

By completing the form below and submitting a completed fee schedule, I certify on behalf of my department that the proposed payment will cover all costs of the project and that all rates included are approved by the University or Hospital and that all fees or amounts are inclusive of any overhead, indirect costs, taxes, department or School fees or any other costs required to be charged by the University. Please contact the appropriate Accounting Office if there are questions with respect to the applicable fees or rates. Income agreements involving a cost reimbursement budget, rather than a fee schedule with approved rates, must be directed to Sponsored Programs, even if no research is involved.

Please complete the section below.

An expense agreement is an agreement whereby UC Davis pays for goods or services from a 2nd Party. All expense agreements for the Hospital should be directed to Hospital Purchasing. Health Contracts only negotiates professional, clinical service agreements for the School of Medicine and School of Nursing, all other expense agreements should be directed to Procurement and Contracting Services on campus. Staffing agreements and any agreement that meets the threshold for a Competitive Bid requirement must be submitted to the appropriate Purchasing Office.

Estimated Not to Exceed Expense Amount

Estimated Annual Expense

Please attach a full fee schedule with any applicable rate or cost down breakdown for this expense.

Please complete a pre-hire worksheet and submit to HR for approval for any engagement of an independent contractor or consultant. Once HR has approved the form (or indicated a waiver), please attach the completed form (or email indicating waiver) to this request prior to submission.

[Independent Contractor \(Individual\) Pre-Hire Worksheet - PreHireIndCont.pdf \(ucdavis.edu\)](#)

Financial Account Number

Fund Source (grants, contracts, etc)

★ Is this agreement to purchase services which will be performed onsite at UC Davis Health?

Agreement Request Form: Finance Section – Expense Financial Consideration Expanded

The **Income Financial Consideration** option requires additional details, including a fee schedule. Follow the directions below on how to attach files.

FINANCE

★ Financial Consideration
Income

By completing the form below and submitting a completed fee schedule, I certify on behalf of my department that the proposed payment will cover all costs of the project and that all rates included are approved by the University or Hospital and that all fees or amounts are inclusive of any overhead, indirect costs, taxes, department or School fees or any other costs required to be charged by the University. Please contact the appropriate Accounting Office if there are questions with respect to the applicable fees or rates. Income agreements involving a cost reimbursement budget, rather than a fee schedule with approved rates, must be directed to Sponsored Programs, even if no research is involved.

Please complete the section below.

An income agreement is an agreement whereby a 2nd Party shall make payment(s) to UC Davis Health. Please complete either the Fixed Income Amount field or Estimated Annual Rate-Based Income Field below, depending on whether the income under this agreement is fixed or is a projection based on a per-service or hourly rate.

Fixed Income Amount

Estimated Annual Rate-Based Income

Please attach a full fee schedule for services provided under this agreement.

*** REIMBURSEMENT MUST BE MADE TO DEPARTMENT. DIRECT PHYSICIAN REIMBURSEMENT IS NOT ALLOWED. ***

★ Does the proposed budget/fee schedule:

★ Does the proposed fee schedule fully cover the cost of providing services?

★ Are there any other costs or reimbursements that should be included in the Agreement? (Staff, Supplies, Equipment, Travel, etc.)

Agreement Request Form: Finance Section – Income Financial Consideration Expanded

49. Optional: Fill out the Additional Info section if there is anything unique you would like the drafter to know, or if you believe this should be assigned to a particular specialist (cannot be guaranteed)

50. Attach any documents relevant to the agreement. (The instructions are on the request and outlined in this document.)

a. Click Save. (Do not click Save and Close.)

Attachment Instructions:

- Click **SAVE** at the bottom of this screen (**DO NOT CLICK SAVE AND CLOSE**).
- Click **New** on the Attachment List box on this submission form.
- Click **Select File** and choose the appropriate file using the Windows browser function.
- Click **Open**.
- Once the file has uploaded (showing in green, 100%), click **Close**.

Attachments
No records to display

Approvals and Comments
No records to display

Close Spell Check Save **SAVE AND CLOSE**

Agreement Request Form: Attachment Information Section

a. Click **New** in the **Attachment** section.

Attachments New

No records to display

Agreement Request Form: Attachment Information Section

b. Click **Select File**.

Attachment Information:

Type: External File/URL Change

Name:

Classification:

Notes:

File Information

Upload File(s) | URL

Select File... Select or drop files here. NOTE: Attachments added IMMEDIATELY upon selection (using current field values).

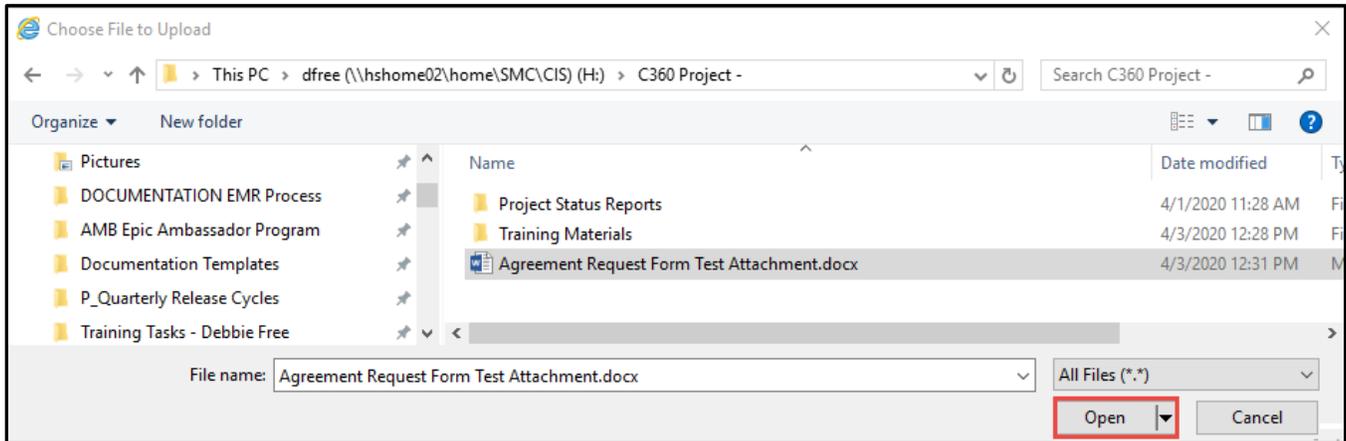
File Display Options
 Original
 PDF

Close

Agreement Request Form: Attachment Information Section

c. Choose a file to attach.

d. Click **Open**.



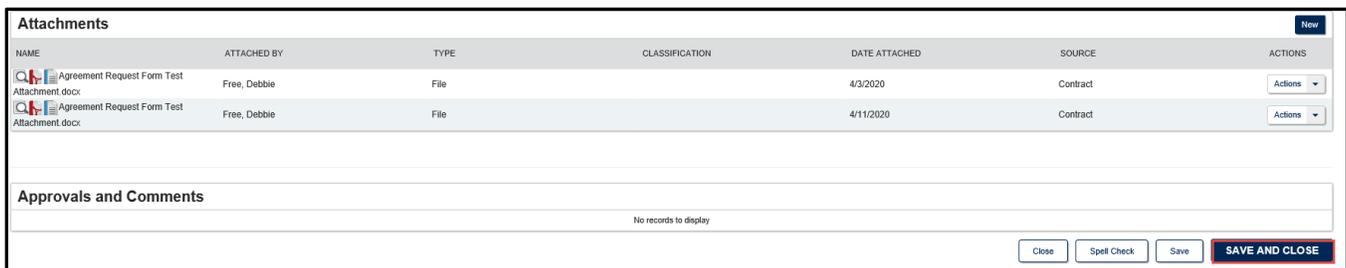
File Explorer Window

e. Click **Close**.



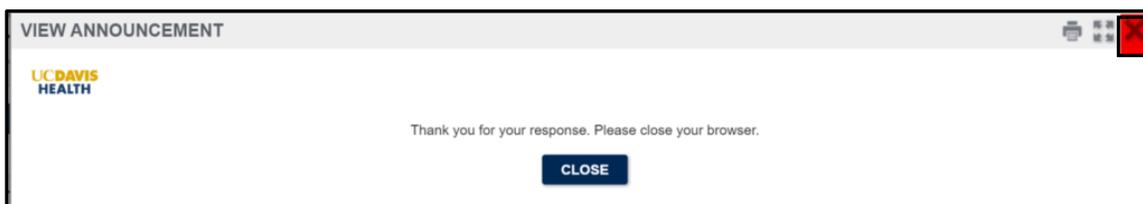
Agreement Request Form: Attachment Information Section

51. Click **Save and Close**. This does not submit the **Agreement Request**. It simply saves the information completed on the form.



Agreement Request Form: Attachment Information Section

52. Click the **X** top right corner to close the **View Announcement** window. The **Home Page** displays. **Note:** Clicking the **Close** button does not close the window.



View Announcement Window

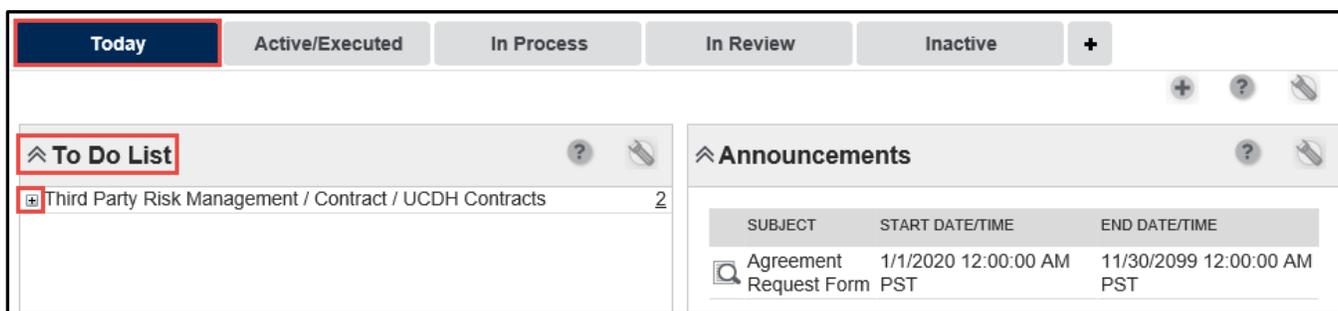
Submitting the Agreement Request Form for Approval

After saving and closing the **Agreement Request Form**, the request displays on the **Today** tab in the **TO Do List** section. The next step in the process is edit the Agreement Request, if applicable, before sending it for approval. After sending the Agreement for approval, the form is not editable.

Follow the steps in this section edit and submit the **Agreement Request Form** for approval.

To submit the **Agreement Request Form** for approval:

1. Click **+** next to **Third Party Risk Management / Contract / UCDH Contracts** displayed under the **To Do List** section.



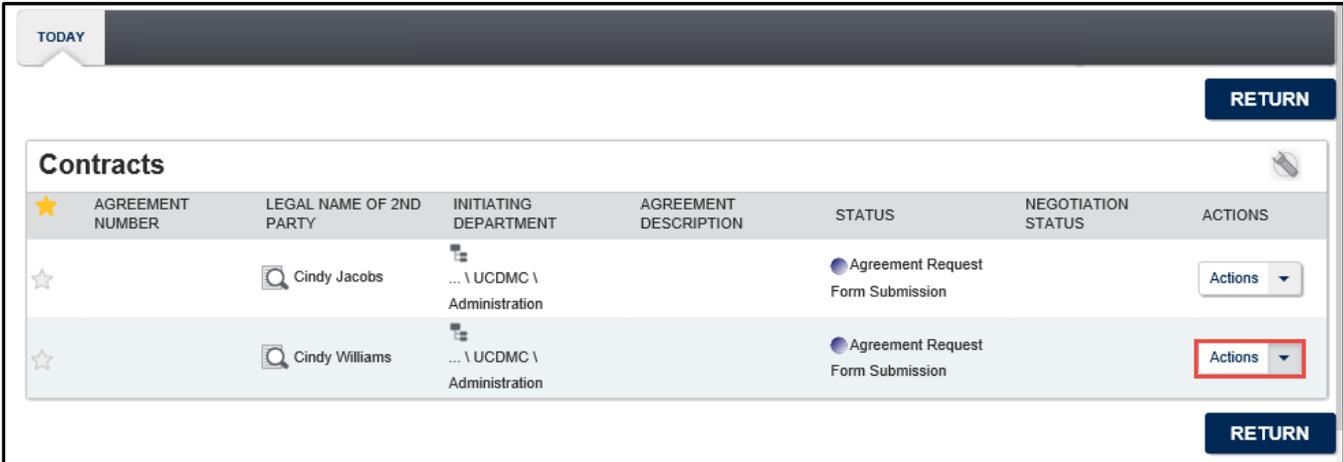
Compliance 360 Home Page: To Do List Section

2. Click **Agreement Request Form Submission**.

Third Party Risk Management / Contract / UCDH Contracts	117
Active - Scheduled for Close Out	4
Agreement Assignment	4
Amendment or Replacement - In Process	40
Delinquent Review	1
Department Approval 1	1
In Process	22
Request Not Yet Submitted	1
Scheduled Review Form Intake	35
Scheduled Review Required	1
Triage	8

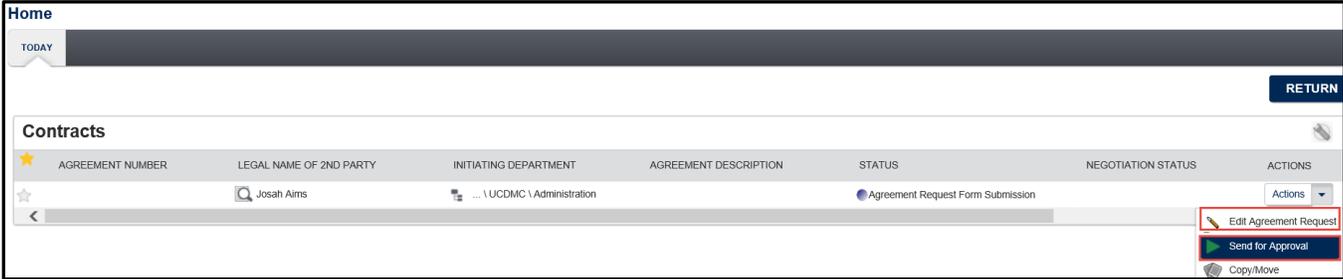
Compliance 360 Home Page: To Do List Section

3. Click **Actions** next to the desired **Agreement Request**.



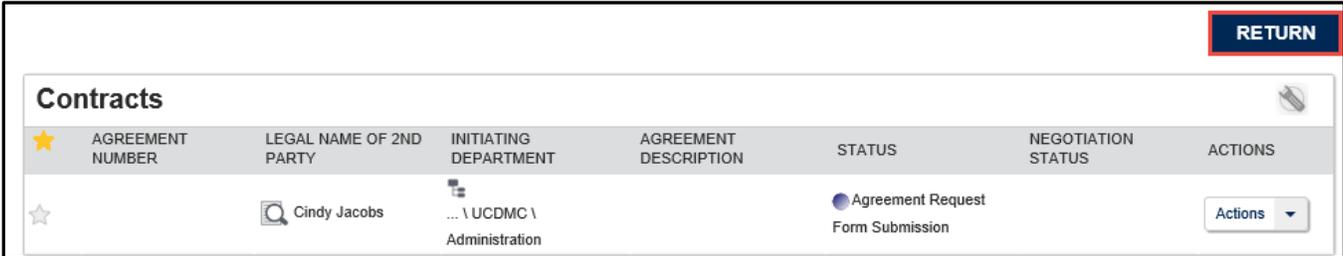
Contracts Page

4. Select **Send for Approval**. The **Agreement Request** no longer displays on the **To Do List**; it only returns to the list if an action is required.
 - a. To update information on the **Agreement Request** prior to sending it for approval, click **Actions**, and then select **Edit Agreement Request**. The agreement request form opens.
 - b. Make changes as appropriate.
 - c. Click **Save and Return**.



Contracts Page: Menu List

5. Click **Return**. The **Home Page** displays.



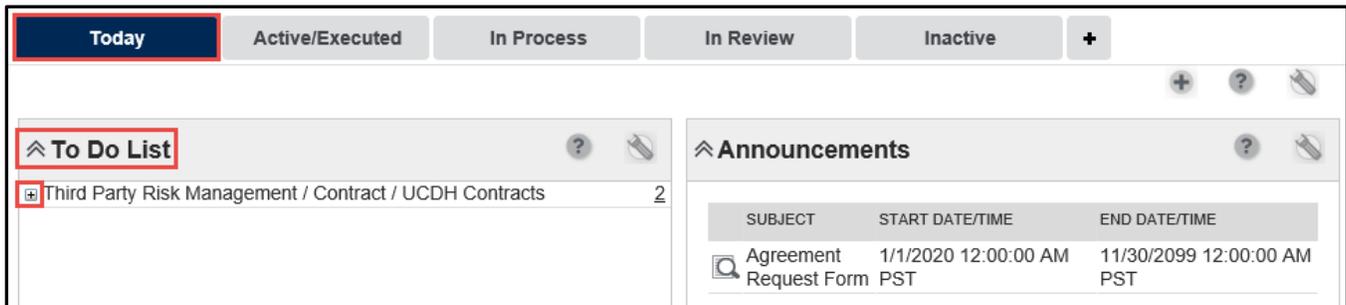
Contracts Page

Withdrawing an Agreement Request

If an **Agreement Request** is no longer applicable, follow the steps below to withdraw the request. After withdrawing the **Agreement Request**, it is no longer available (once you have submitted the request, it will no longer be available to withdraw, please contact the Contracts Office with a request to withdraw).

To withdraw an **Agreement Request**:

1. Click  next to **Third Party Risk Management / Contract / UCDH Contracts** displayed under the **To Do List** section.



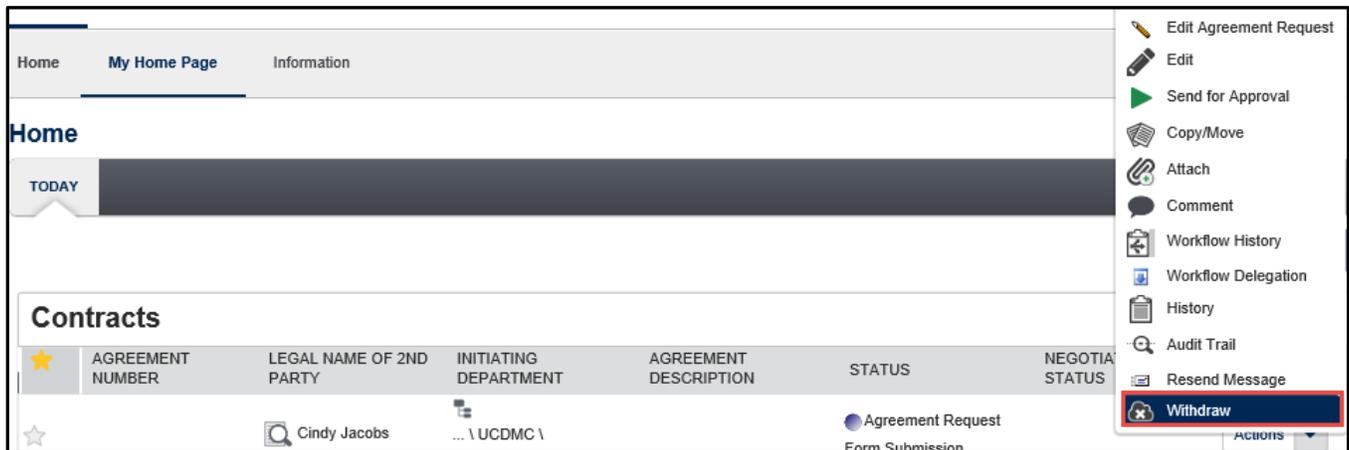
Compliance 360 Home Page: To Do List Section

2. Click **Agreement Request Form Submission**.



Compliance 360 Home Page: To Do List Section

3. Click **Actions** next to the desired **Agreement Request**, and then select **Withdraw**.



Contracts Page: Menu List

4. Click **Return**. The **Home Page** displays.



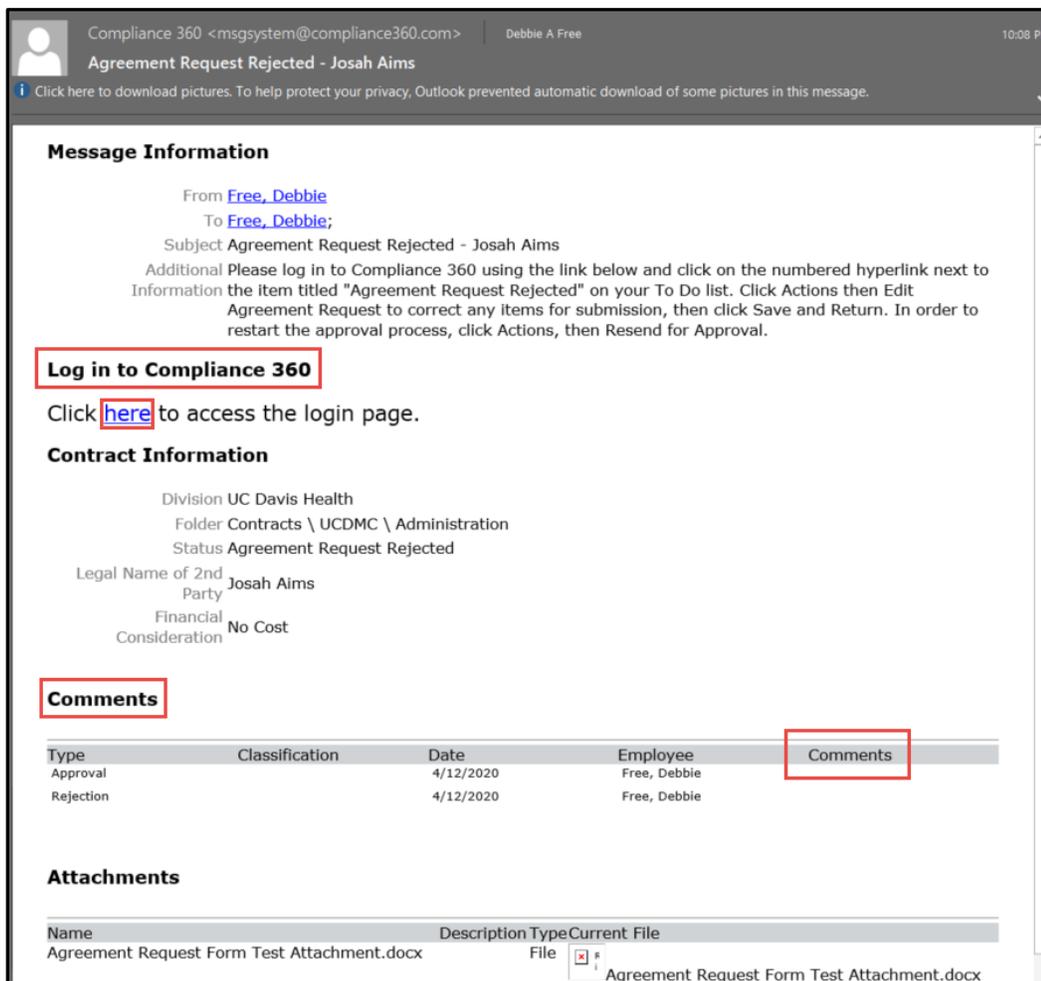
Contracts Page

Handling Rejected Agreement Requests

If Approvers or the Contracts Office Triage team reject an **Agreement Request**, the system routes an email notification to the Requester. The email contains comments regarding why the Approver rejected the request. **Rejected Agreement Requests** starts the approval process over.

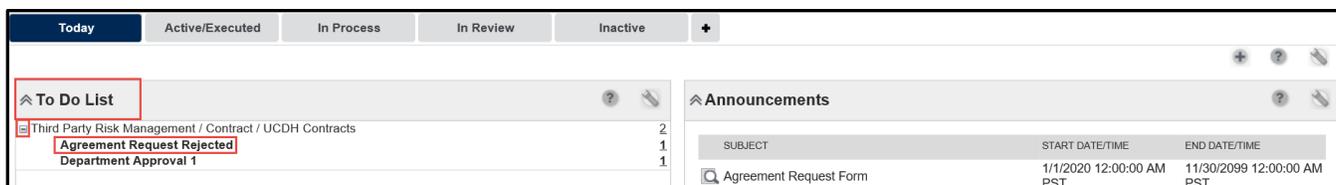
Follow the steps below to address rejected requests:

1. Open the email and read the **Comments** to determine why the Approver rejected the request.
2. Click the **here** link in the email under the **Log in to Compliance 360** heading.



Agreement Request Rejected Email Notification to Requester Example

3. Click  next to **Third Party Risk Management / Contract / UCDH Contracts** displayed under the **To Do List** section.
4. Click **Agreement Request Rejected**.



Compliance 360 Home Page: To Do List Section

- a. If an Approver requested changes to the request:
 - Click **Actions** next to **Agreement Request Rejected**. Then, select **Edit Agreement Request**.
 - Make the appropriate changes. Then, click **Save and Return**.

- Click **Actions**, and then select **Resend for Approval**. The **Agreement Request** no longer displays on the **To Do List**; it only returns to the list if an action is required.
 - b. If the **Agreement Request** is no longer applicable, follow the steps in the *Withdrawing an Agreement Request* section.
5. Click **Return**. The **Home Page** displays.