

# Employee Self Service- Request to Receive Sick Leave Pool

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# Microsoft Authenticator (MFA)

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Access to PeopleSoft from remote locations (off-campus) requires Microsoft Authenticator (MFA)

Example: Approving purchases, submitting absence and timecards, approving a workflow, etc.

UTRGV uses Microsoft Multifactor Authenticator (MFA) to keep our information and applications secure.

For more information please visit:

[Microsoft Multifactor Authentication.](#)



# Log In

1. Navigate to <https://my.utrgv.edu>
2. Type in your credentials.
3. PeopleSoft may be found in the Applications section of your MyUTRGV Homepage.

## Applications



ASSIST



M365



D2L Brightspace



V Link



Engagement  
Zone



Academic  
Impressions



iTravel



Watermark



PeopleSoft



HR Portal



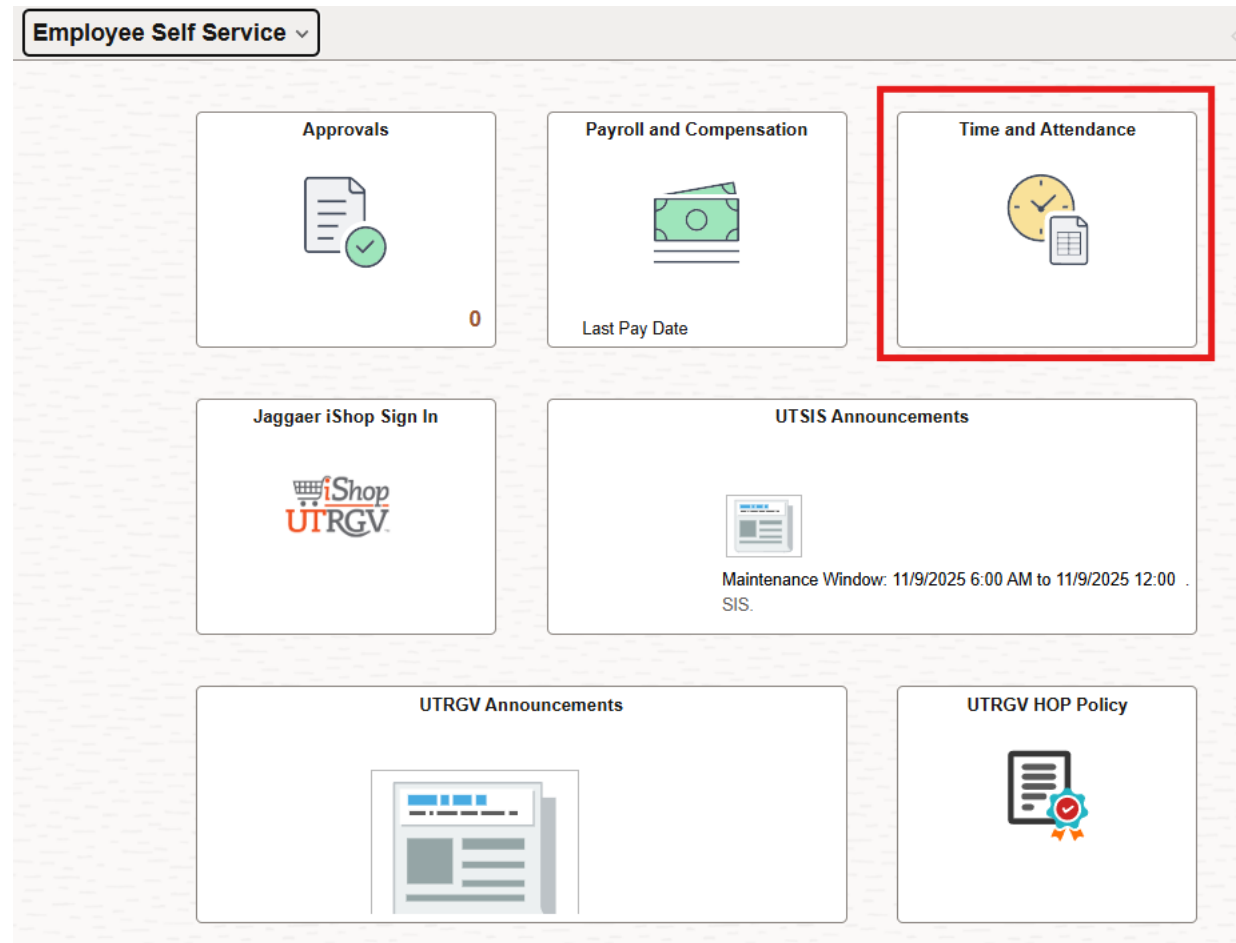
E-Learn



12Twenty

# Navigate to Time and Attendance

1. PeopleSoft opens to the Employee Self Service page.
2. At the top of the page select Time and Attendance.



# Time and Attendance Dashboard

Time and Attendance

Search in Menu

Absence Balance Details

Manage Absence

Cancel Absences

View Requests

Overtime Requests

Extended Absence Request

Extended Absence History

Donor Acknowledgement Form

Recipient A

Donate Leave Request

Receive Donated Leave Request

Return Unused Leave Request

Leave Transfer Request History

Monthly Schedule

Select Receive Donated Leave Request.

Reported 0.00

The dashboard features a grid of 12 tiles. The 'Receive Donated Leave Request' tile is highlighted with a red border and a red arrow pointing to it from a yellow callout box that says 'Select Receive Donated Leave Request.' The callout box is positioned over the 'Recipient A' tile. The 'Donate Leave Request' tile is also visible, showing an envelope icon and the text 'Reported 0.00'.

# Request Donated page

Q Search in Menu

Request to Receive Donated Leave

Human Resources Assist II

Form Instructions:

(1) Use this form to **receive or collect a leave balance** from the Sick Leave Pool and/or Family Leave Pool upon your conditional medical request for leave.

(2) Please complete the below form to submit to your campus Human Resources Department for approval.

(3) To donate your own leave balances to the Sick Leave Pool and/or Family Leave Pool, or to donate your own leave balance to another employee, please use the Donate Leave Request tile.

Donation Program

\*Program Name

Select Program

Category

RGV Fam Lv Pool Sick

Contribution Type

RGV Fam Lv Pool Vacation

Unit Type

RGV Sick Leave Pool

Minimum Days

Select Program

Begin Date

Click on the **dropdown arrow**



To display options.

From the **Program Name** dropdown bar select **RGV Sick Leave Pool**.

Leave Time Request

\*Recipient

Employee

\*Begin Date

\*Days Requested

Recipient Name

\*End Date

☐ This is a Recurring Occurrence

[View Balances](#)

# Select Dates

Search in Menu

Request to Receive Donated Leave

Human Resources Assist II

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(1) Use this form to receive or collect a leave balance from the Sick Leave Pool and/or Family Leave Pool upon your conditional medical request for leave.

(2) Please complete the below form to submit to your campus Human Resources Department for approval.

(3) To donate your own leave balances to the Sick Leave Pool and/or Family Leave Pool, or to donate your own leave balances directly to another employee, please use the Donate Leave Request tile.

Donation Program

\*Program Name

RGV Sick Leave Pool

Category

Bank

Contribution Type

One-Time

Unit Type

Hours

Minimum Hours

Begin Date

01/01/1990

Type

Voluntary

Frequency

Ceiling Limit

999999999.99

Maximum Hours

999999999.99

End Date

Select the **Begin Date** and **End Date** of Leave Request.

Leave Time Request

\*Recipient

Employee

\*Begin Date

04/15/2026

\*Hours Requested

Recipients Name

\*End Date

04/17/2026

View Balances

☐

This is a Recurring Occurrence

You can either **type** or **click** on the calendar icon  
  
To select dates.

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# Hours Requested

Search in Menu

Request to Receive Donated Leave

Human Resources Assist II

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(1) Use this form to receive or collect a leave balance from the Sick Leave Pool and/or Family Leave Pool upon your conditional medical request for leave.

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(3) To donate your own leave balances to the Sick Leave Pool and/or Family Leave Pool, or to donate your own leave balances directly to another employee, please use the Donate Leave Request tile.

Donation Program

\*Program Name

RGV Sick Leave Pool

Category

Bank

Contribution Type

One-Time

Unit Type

Hours

Minimum Hours

Begin Date

01/01/1990

Type

Voluntary

Frequency

Ceiling Limit

9999999999.99

Maximum Hours

9999999999.99

End Date

Type the number of  
Hours Requested.

Leave Time Request

\*Recipient

Employee

\*Begin Date

04/15/2026

\*Hours Requested

24.0

End Date

04/17/2026

☐ This is a recurring Occurrence

Note: Hours should be  
requested in increments  
of eight.

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# Select a Leave Reason

Request to Receive Donated Leave

Leave Time Request

\*RecipientEmployee▼

\*Begin Date04/15/2026📅

\*Hours Requested24.00

☐ This is a Recurring Occurrence

Recipient Name

\*End Date04/17/2026📅

[View Balances](#)

In Leave Reason select the Reason Description that best fits your scenario.

Leave Reason

Reason

|                                  | Description                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/>            | I am taking a Family Care Leave to care for an immediate family member with a catastrophic illness or injury.                                         |
| <input checked="" type="radio"/> | I am taking a Leave for my own catastrophic illness or injury.                                                                                        |
| <input type="radio"/>            | Other (Please provide additional details.)                                                                                                            |
| <input type="radio"/>            | The birth of a child; including bonding with and caring for children during a child's first year following birth, adoption, or foster care placement. |
| <input type="radio"/>            | The placement of a foster child or adoption of a child under 18 years of age.                                                                         |
| <input type="radio"/>            | The placement of any person 18 years of age or older requiring guardianship.                                                                          |
| <input type="radio"/>            | A serious illness to an immediate family member or the employee, including a pandemic-related illness                                                 |
| <input type="radio"/>            | An extenuating circumstance created by an ongoing pandemic, including essential care to a family member.                                              |
| <input type="radio"/>            | A previous donation of time to the pool.                                                                                                              |
| <input type="radio"/>            | Other (Please provide additional details.)                                                                                                            |

Additional Details

In **Leave Reason** select the **Reason Description** that best fits your scenario.

# Additional Information

< | 🕒 ❤️ 🔍 Search in Menu 🏠 🔔 ⋮ 🔄

**Request to Receive Donated Leave**

**Leave Time Request**

\*Recipient

Employee

▼

\*Begin Date

04/15/2026

📅

\*Hours Requested

24.00

☐ This is a Recurring Occurrence

Recipient Name

\*End Date

04/17/2026

📅

[View Balances](#)

**Leave Reason**

| Reason                           | Description                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/>            | I am taking a Family Care Leave to care for an immediate family member with a catastrophic illness or injury.                                         |
| <input checked="" type="radio"/> | I am taking a Leave for my own catastrophic illness or injury.                                                                                        |
| <input type="radio"/>            | Other (Please provide additional details.)                                                                                                            |
| <input type="radio"/>            | The birth of a child; including bonding with and caring for children during a child's first year following birth, adoption, or foster care placement. |
| <input type="radio"/>            | The placement of a foster child or adoption of a child under 18 years of age.                                                                         |
| <input type="radio"/>            | The placement of any person 18 years of age or older requiring guardianship.                                                                          |
| <input type="radio"/>            | A serious illness to an immediate family member or the employee, including a pandemic-related illness                                                 |
| <input type="radio"/>            | An extenuating circumstance created by an ongoing pandemic, including essential care to a family member.                                              |
| <input type="radio"/>            | A previous donation of time to the pool.                                                                                                              |
| <input type="radio"/>            | Other (Please provide additional details.)                                                                                                            |

Additional Details

📎

Include **Additional Details** for more reason on your selected **Description**.

# Confirm to Agreements

[illegible]

# Submit Form

Search in Menu

Request to Receive Donated Leave

☐ I am taking a Family Care Leave to care for an immediate family member with a catastrophic illness or injury.

☒ I am taking a Leave for my own catastrophic illness or injury.

☐ Other (Please provide additional details.)

☐ The birth of a child; including bonding with and caring for children during a child's first year following birth, adoption, or foster care placement.

☐ The placement of a foster child or adoption of a child under 18 years of age.

☐ The placement of any person 18 years of age or older requiring guardianship.

☐ A serious illness to an immediate family member or the employee, including a pandemic-related illness

☐ An extenuating circumstance created by an ongoing pandemic, including essential care to a family member.

☐ A previous donation of time to the pool.

☐ Other (Please provide additional details.)

Additional Details

Comments

Requester Comments

Agreement and Compliance

- I have read the UTRGV Handbook of Operating Procedures: Sick Leave Pool/Sick Leave Direct Donation Policy: ADM 04-604.
- I certify that I have not provided or been given notice of termination.
- I certify that I am currently not on a written warning of any kind.
- ☒ I hereby confirm I have read the donor acknowledgement form and comply with the given statements.

Submit

Save for Later

Once done, select **Submit**.

# Agree to Submit Form

Receive Donated Leave Request

Request for Donated Leave  
**Submit Confirmation**

✓ Are you sure you want to Submit this Request?

**Submit Confirmation**, if all information is correct by selecting **Yes**.

If you need to **reconfirm your information**. Select **No** to return to the previous screen.

# Acknowledge the Submission

The screenshot displays a web application interface for managing leave requests. At the top, there is a navigation bar with a search menu and several icons. Below this, a breadcrumb trail shows the path: 'Request for Donated Leave' > 'Submit Confirmation'. The main content area shows a confirmation message: 'The Request has been submitted.' with a checkmark icon. A yellow box highlights the message text. Below the message, there is an 'OK' button, which is highlighted with a red box. A red arrow points from a yellow instruction box to the 'OK' button. The instruction box contains the text: 'Select **OK**, and you will return to the form submitted.'

Request for Donated Leave  
Submit Confirmation

✓ The Request has been submitted.

**OK**

The **Request for Donated Leave** Successfully Submitted.

Select **OK**, and you will return to the form submitted.

# Pending Submission

Search in Menu

Request to Receive Donated Leave

☐

The placement of a foster child or adoption of a child under 18 years of age.

☐

☐

The placement of any person 18 years of age or older requiring guardianship.

☐

☐

A serious illness to an immediate family member or the employee, including a pandemic-related illness

☐

☐

An extenuating circumstance created by an ongoing pandemic, including essential care to a family member.

☐

☐

A previous donation of time to the pool.

☐

☐

Other (Please provide additional details.)

Additional Details

Agreement and Compliance

☐

I have read the Leave Donation Policy.

☐

I certify that I have not provided or been given notice of termination.

☐

I certify that I am currently not on a written warning of any kind.

☒

I hereby confirm that I have read and comply with the given statements.

Request History

1-1 of 1

|   | Workflow Action | Nar                    | Action Date | Comments |
|---|-----------------|------------------------|-------------|----------|
| 1 | Submitted       | Yosselin Meza Vizcaino | 04/16/2026  |          |

by Administrator

Absence Management - Leave Donations:Pending

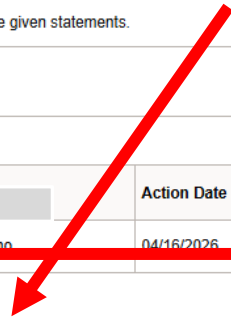
UTR Leave Donation

Pending

Multiple Approvers

UTRGV Leave Donation Admin

At the bottom of the page your **Leave Donations** will show a status of **Pending**.



# Return to Homepage

Request to Receive Donated Leave

☐ The placement of a foster child or adoption of a child under 18 years of age.

☐ The placement of any person 18 years of age or older requiring guardianship.

☐ A serious illness to an immediate family member or the employee, including a pandemic-related illness

☐ An extenuating circumstance created by an ongoing pandemic, including essential care to a family member.

☐ A previous donation of time to the pool.

☐ Other (Please provide additional details.)

Additional Details

Agreement and Compliance

- ☐ I have read the Leave Donation Policy.
- ☐ I certify that I have not provided or been given notice of termination.
- ☐ I certify that I am currently not on a written warning of any kind.
- ☒ I hereby confirm that I have read and comply with the given statements.

Request History

|   | Workflow Action | Name                   | Action Date | Comments |
|---|-----------------|------------------------|-------------|----------|
| 1 | Submitted       | Yosselin Meza Vizcaino | 04/16/2026  |          |

by Administrator

Absence Management - Leave Donations: Pending

UTR Leave Donation

Pending

Multiple Approvers

UTRGV Leave Donation Admin

Click the **Home Button**

To return to the PeopleSoft Homepage.

# Sign Out of PeopleSoft

The University of Texas  
Rio Grande Valley

Menu Search in Menu

Employee Self Service

1 of 6

Delegations

OnBoarding

Personal Details

Talent Profile

Benefit Details

Performance

Total Rewards

My Forms

No Statement Available

New Window  
My Preferences  
Help  
**Sign Out**

You may sign out of PeopleSoft by selecting

Then select **Sign Out**.

When r  
Refres

Congratulations!

You have successfully completed this topic.

**End of Procedure.**