Employee Self Service-
Request to Receive Sick Leave Pool

https://www.utrgv.edu/peoplesoft/

Duo 2 Factor (2FA) Authentication

Access to PeopleSoft from remote locations (off-campus) <u>requires</u> Duo 2-Factor Authentication
- *Example: Approving purchases, submitting absence and timecards, approving a workflow, etc.*

[Enroll now through July 31, 2018](#)
1. Add or update Mobile Phone number in our current Oracle EBS system.
2. Instructions to complete activation process will be sent to mobile device.

Enrollment after September 1, 2018
1. Request Mobile Phone number from employment candidates in PeopleAdmin; Include mobile number when creating new employee records.
2. Employees update Mobile Phone number in PeopleSoft.

More information is available at www.utrgv.edu/peoplesoft

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.

Navigate to the Employee Self Service Menu

Select the bottom icon, <u>Navigator</u>

Select <u>HRMS</u>

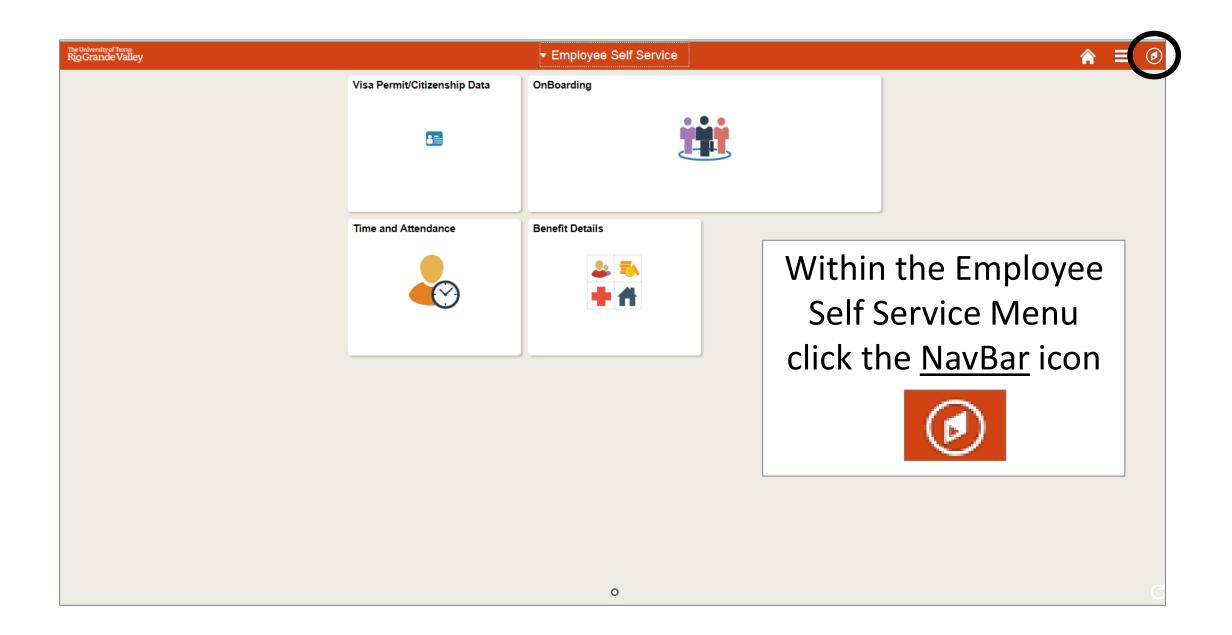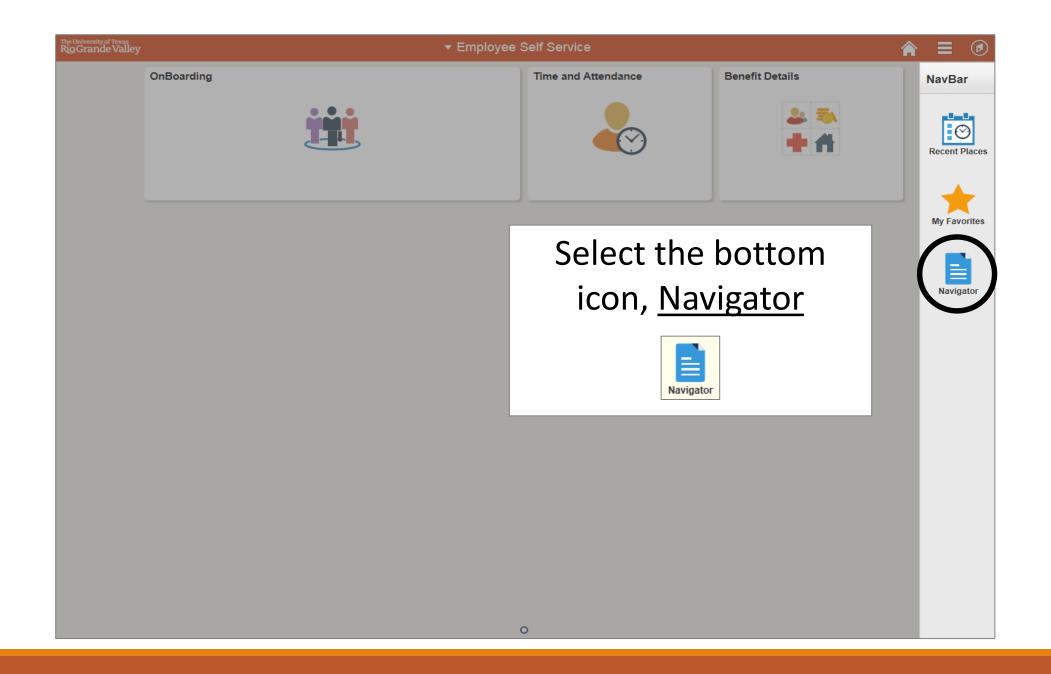Select <u>Self Service</u>

Leave Transfer Requests. Select Receive Donated Leave Request

Request to Receive Donated Leave

Brandon Flowers
Administrative AsstII

This form may be used to request donated leave from a leave program for yourself or on behalf of another employee.

Donation Program

*Program Name	
Category	
Contribution Type	
Unit Type	Hours
Minimum Hours	8.00
Begin Date	01/01/1990

Dropdown list:
- Arlington Sick Leave Pool
- Brownsville Sick Leave Pool
- El Paso Sick Leave Pool
- Permian Basin Sick Leave Pool
- **RGV Sick Leave Pool**
- San Antonio Sick Leave Pool
- Select Program
- System Admin Sick Leave Pool
- Tyler Sick Leave Pool

Type	Voluntary
Frequency	
Ceiling Limit	9999999999.99
Maximum Hours	9999999999.99
End Date	

Leave Time Request

*Recipient	Employee ▾	Recipient Name	
*Begin Date	📅	*End Date	📅
*Hours Requested		View Balances	

☐ This is a Recurring Occurrence

Leave Reason

Reason

	Description
○	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 illnes or injury.
○	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]

Select Program Name RGV Sick Leave Pool

Request to Receive Donated Leave

Brandon Flowers

Administrative AsstII

This form may be used to request donated leave from a leave program for yourself or on behalf of another employee.

Donation Program

*Program Name	RGV Sick Leave Pool		
Category	Bank	Type	Voluntary
Contribution Type	One-Time	Frequency	
Unit Type	Hours	Ceiling Limit	9999999999.99
Minimum Hours	8.00	Maximum Hours	9999999999.99
Begin Date	01/01/1990	End Date	

Leave Time Request

*Recipient Employee   *Recipient Name

*Begin Date 07/18/2018   *End Date 07/20/2018

*Hours Requested 24.0   View Balances

☐ This is a Recurring Occurrence

Leave Reason

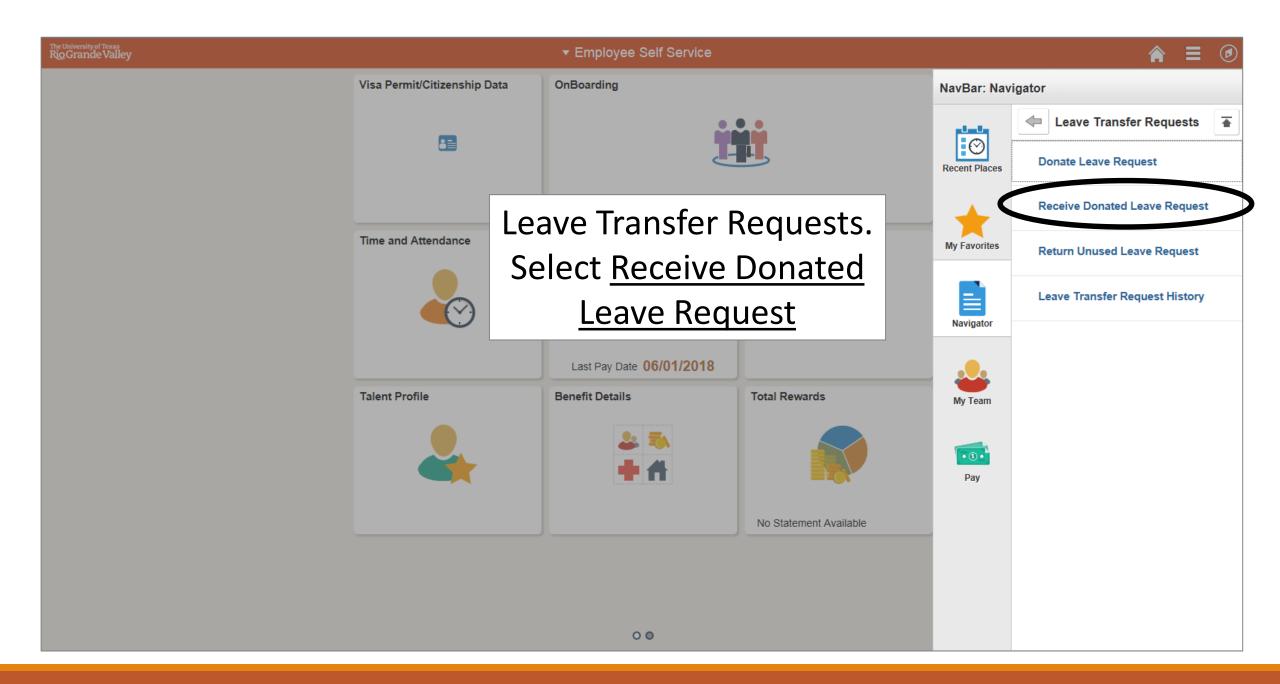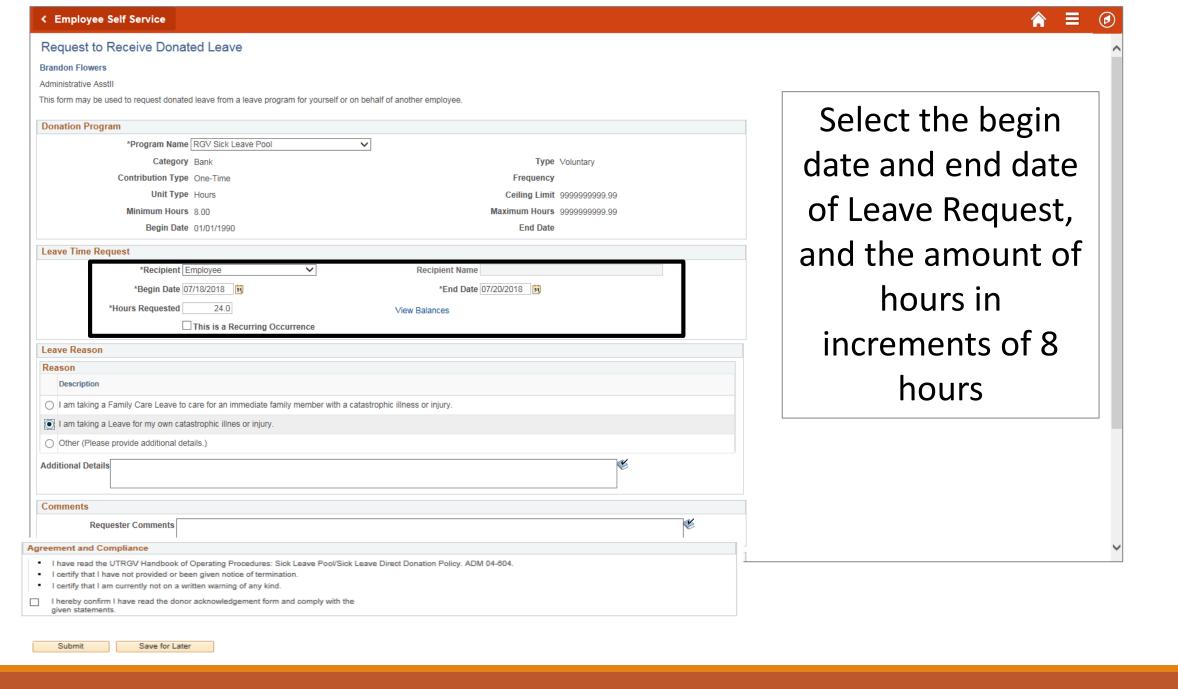#### Reason

Description
○ 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 illnes or injury.
○ 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

Select the begin date and end date of Leave Request, and the amount of hours in increments of 8 hours

Select the Reason Description that best fits your scenario, include Additional Details for approver

Unit Type Hours   Ceiling Limit 9999999999.99
Minimum Hours 8.00   Maximum Hours 9999999999.99
Begin Date 01/01/1990   End Date

Leave Time Request

*Recipient Employee ▾   Recipient Name [   ]

*Begin Date 07/18/2018 📅   *End Date 07/20/2018 📅

*Hours Requested [24.0]   View Balances

☐ This is a Recurring Occurrence

Leave Reason

Reason

Description

○ 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 illnes or injury.

○ 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]

* Required Field

> Confirm that you have read and comply with Agreement Compliance Statement by checking the box

Unit Type Hours
Minimum Hours 8.00
Begin Date 01/01/1990

Ceiling Limit 9999999999.99
Maximum Hours 9999999999.99
End Date

Leave Time Request

*Recipient Employee
*Begin Date 07/18/2018
*Hours Requested 24.0
☐ This is a Recurring Occurrence

Recipient Name
*End Date 07/20/2018
View Balances

Leave Reason

Reason

Description
○ 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 illnes or injury.
○ Other (Please provide additional details.)

Additional Details [ ]

Comments

Requester Comments [ ]

Agreement and Compliance

- My donation is strictly voluntary.
- Unused hours by the recipient will not be returned to my available balance.
- Hours will not be deducted until the recipient meets all eligibility requirements.

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

Submit   Save for Later

* Required Field

Click
Submit

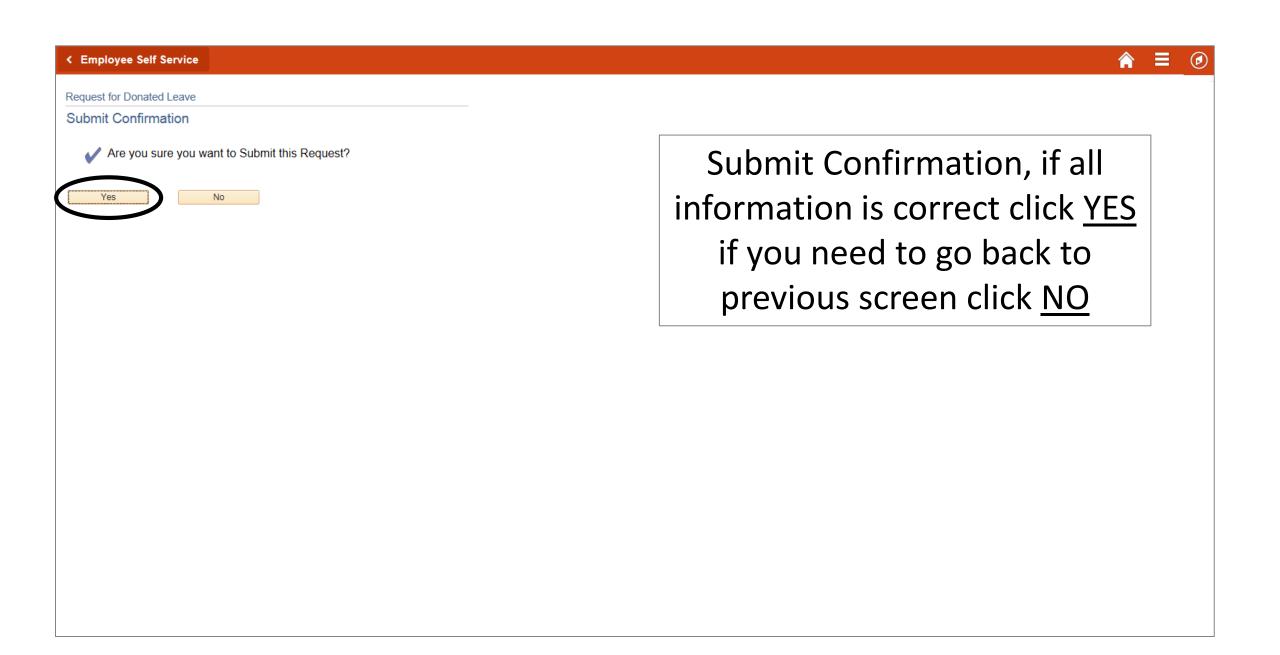Submit Confirmation, if all information is correct click <u>YES</u> if you need to go back to previous screen click <u>NO</u>
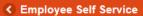
Request for Donated Leave

Submit Confirmation

✔ The Request has been submitted.

OK

The Request for Donated Leave successfully submitted, click <u>OK</u>

Recipient Employee   Recipient Name

Begin Date 07/17/2018   End Date 07/18/2018

Hours Requested   16.00   View Balances

☐ This is a Recurring Occurrence

Leave Reason

Reason

Description
○ 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 illnes or injury.
○ Other (Please provide additional details.)

Additional Details

Agreement and Compliance

- My donation is strictly voluntary.
- Unused hours by the recipient will not be returned to my available balance.
- Hours will not be deducted until the recipient meets all eligibility requirements.

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

Request History   Personalize | 🗗   First ◀

	Workflow Action	Name	Action Date	Comments
1	Submitted	Brandon Flowers	07/12/2018	

by Administrator

▼   Absence Management - Leave Donations:Pending

UTA Leave Donation

Pending
🕐 Multiple Approvers
UTA WF Absence Administrator

* Required Field

At the bottom of the page process for Leave Donations shows a status of <u>Pending</u>

Recipient Employee   Recipient Name

Begin Date 07/17/2018   End Date 07/18/2018

Hours Requested   16.00   View Balances

☐ This is a Recurring Occurrence

Leave Reason

Reason

Description

○ 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 illnes or injury.

○ Other (Please provide additional details.)

Additional Details [   ]

Agreement and Compliance

• My donation is strictly voluntary.

• Unused hours by the recipient will not be returned to my available balance.

• Hours will not be deducted until the recipient meets all eligibility requirements.

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

Request History   Personalize | ⧉   First ◀

	Workflow Action	Name	Action Date	Comments
1	Submitted	Brandon Flowers	07/12/2018	

by Administrator

▼ **Absence Management - Leave Donations:Pending**
UTA Leave Donation
Pending
🕐 Multiple Approvers UTA WF Absence Administrator

* Required Field

> # Click on the Home Button to return to the PeopleSoft Homepage

The University of Texas
Rio Grande Valley

Visa Permit/Citizenship Data

OnBoarding

Personalize Homepage

Help

Sign Out

Time and Attendance

You may sign out of PeopleSoft by selecting the Actions List then select Sign out

Total Rewards
You are not authorized for this page.

Congratulations!

You have successfully completed this topic.

End of Procedure.