

Employee Self Service- Request to Receive Sick Leave Pool

PeopleSoft 9.2 Implementation

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PeopleSoft

What is the PeopleSoft 9.2 Implementation Program?

UTRGV is undertaking a major effort to implement PeopleSoft 9.2. PeopleSoft is the name of the Software UTRGV will be using to manage the University's Financials (FMS), Human Resources (HCM), and Strategic Enrollment (CS) data.

The initial work for the PeopleSoft Application began in 2016. The initial discussion was to review and redefine our existing business processes. Several people from different offices and departments were asked to collaborate on the evaluation of the new system and ensure that PeopleSoft would be the right solution for UTRGV. The magnitude and complexity of this project requires the expertise and efforts of multiple people from various departments.

Over the course of 2016, numerous discovery meetings were held, inclusive of focus sessions, which focused in on the specific needs of the School of Medicine. We have spent a significant amount of time and effort on the Future State Process Design, which identifies the compilation of almost 5,000 prioritized requirements. These requirements lay the foundation for the functionality we seek to implement in PeopleSoft 9.2.

Why Did We Decide to Implement PeopleSoft 9.2?

The introduction of this new system will allow us to streamline our administrative information systems for Student Enrollment, Financial Management, Human Resources, Payroll and Purchasing. This new system is the foundation to build simplified administrative systems and processes for UTRGV.

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

Duo 2 Factor (2FA) Authentication



Access to PeopleSoft from remote locations (off-campus) requires 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.

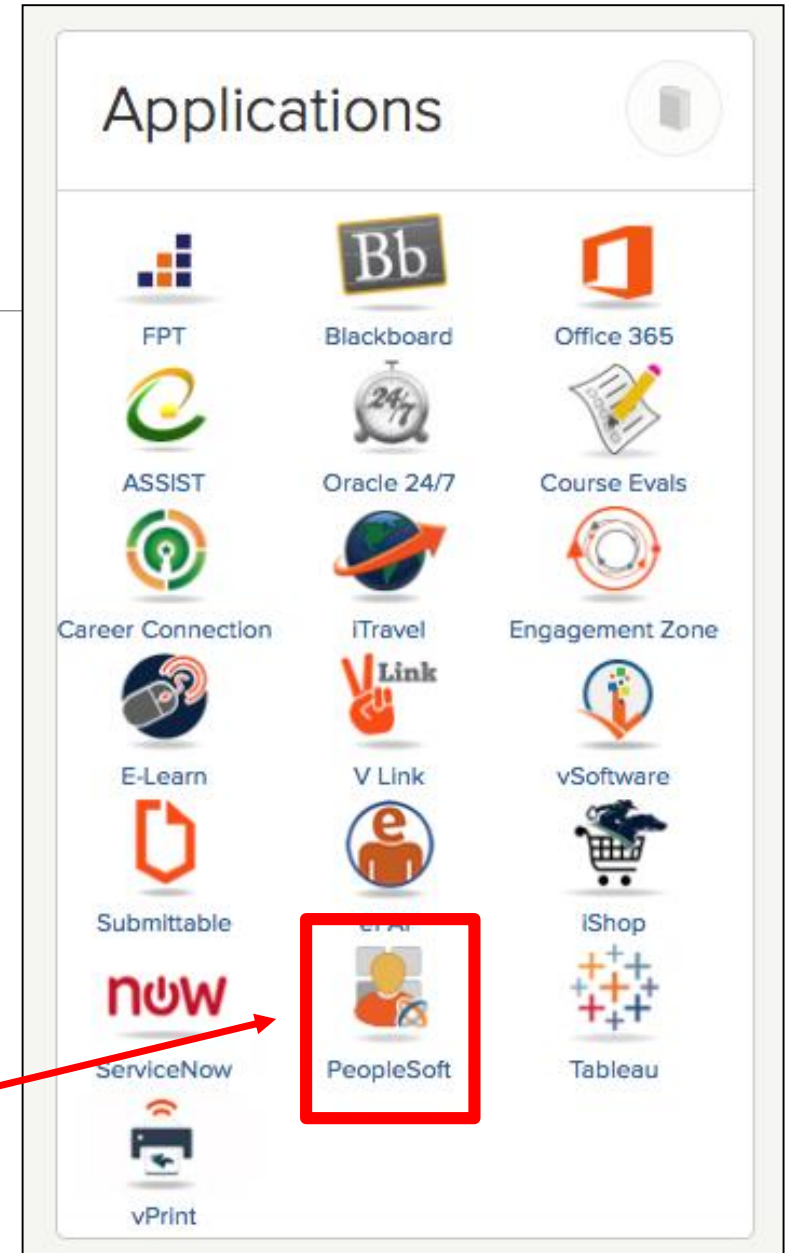
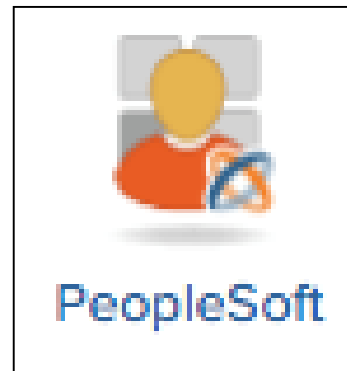
Enrollment after September 1, 2018

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.



Visa Permit/Citizenship Data



OnBoarding



Time and Attendance



Benefit Details



Navigate to the
Employee Self
Service Menu



Visa Permit/Citizenship Data



OnBoarding



Time and Attendance



Benefit Details



Within the Employee
Self Service Menu
click the NavBar icon



The University of Texas
Rio Grande Valley

Employee Self Service

OnBoarding

Time and Attendance

Benefit Details

NavBar

Recent Places

My Favorites

Navigator

Select the bottom icon, Navigator

Navigator

Jaggaer iShop Sign In



Approvals



UTRGV HOP Policy



Visa Permit/Citiz



NavBar: Navigator



Recent Places



My Favorites



Navigator



Approvals



My Links



Expenses



Financials

HRMS

Enterprise Components

PeopleSoft

Worklist

Reporting Tools

PeopleTools

Time and Attendance



Expenses



Payroll and Compensation



Personal Details



Talent Profile



Total Rewards



Select HRMS

OnBoarding



Time and Attendance



NavBar: Navigator



Recent Places



My Favorites



Navigator

CLEAN_Address



Tax Navigator Interface



Self Service



Manager Self Service



UTZ Customizations



Payroll for North America



Set Up HCM



Enterprise Components



Worklist



Reporting Tools



PeopleTools



Select Self Service

Visa Permit/Citizenship Data



OnBoarding



Time and Attendance



Talent Profile



Benefit Details



Total Rewards

You are not authorized for this page.

Last Pay Date 06/01/2018

NavBar: Navigator



Recent Places



My Favorites



Navigator



My Team



Pay

Self Service

Time Reporting

Personal Information

Payroll and Compensation

Benefits

Leave Transfer Requests

Learning and Development

Recruiting

Visa Permit/Citizenship Data

Manage Delegation

Self Service Menu.
Select Leave Transfer
Requests

Visa Permit/Citizenship Data



OnBoarding



Time and Attendance



Last Pay Date 06/01/2018

Talent Profile



Benefit Details



Total Rewards



No Statement Available

NavBar: Navigator



Recent Places



My Favorites



Navigator



My Team



Pay

← Leave Transfer Requests →

Donate Leave Request

Receive Donated Leave Request

Return Unused Leave Request

Leave Transfer Request History

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

Minimum Hours

Begin Date

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

999999999.99

Maximum Hours

999999999.99

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 illness 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	Type	Voluntary
Category	Bank	Frequency	
Contribution Type	One-Time	Ceiling Limit	9999999999.99
Unit Type	Hours	Maximum Hours	9999999999.99
Minimum Hours	8.00	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	
<input type="checkbox"/> 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 illness 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 04-804.
 - 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

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 illness or injury.
- ☐ Other (Please provide additional details.)

Additional Details

Comments

Requester Comments

Agreement and Compliance

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



Unit Type Hours

Ceiling Limit 999999999.99

Minimum Hours 8.00

Maximum Hours 999999999.99

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 illness 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 04-804.
- 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 999999999.99
Maximum Hours 999999999.99
End Date

Leave Time Request

*Recipient

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 illness 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.

Click
Submit

Submit

Save for Later

* Required Field

Request for Donated Leave

Submit Confirmation

✓ Are you sure you want to Submit this Request?

Yes

No

Submit Confirmation, if all information is correct click YES if you need to go back to previous screen click NO

Request for Donated Leave

Submit Confirmation

✓ The Request has been submitted.

OK

The Request for
Donated Leave
successfully submitted,
click OK

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 illness 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



Visa Permit/Citizenship Data



OnBoarding



Time and Attendance



Total Rewards

You are not authorized for this page.

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

Personalize Homepage

Help

Sign Out

Congratulations!

You have successfully completed this topic.

End of Procedure.