# Employee Self Service-Disability



The University of Texas Rio Grande Valley

Directory

Search...

Q

#### PeopleSoft 9.2 Implementation

Home	Go Live Readiness	Program	FAQs	Contact Us	Training & Resources
P Quick Links		PeopleSo	ft		
		What is the Pe	opleSoft 9.2 Im	plementation P	rogram?
✓ Timelines			using to manage the Univ	PeopleSoft 9.2. PeopleSo ersity's Financials (FMS), H	
<ul><li>✓ Go Live Readiness</li><li>✓ News Archive</li></ul>		redefine our existing bus asked to collaborate on t right solution for UTRGV.	iness processes. Several he evaluation of the new	system and ensure that Pe plexity of this project requ	ces and departments were eopleSoft would be the
✓ Contact Us		Over the course of 2016, focused in on the specific and effort on the Future S	numerous discovery mee c needs of the School of M State Process Design, whi These requirements lay th	etings were held, inclusive	a significant amount of time on of almost 5,000
		Why Did We D	ecide to Implen	nent PeopleSof	t 9.2?
		for Student Enrollment, F	inancial Management, Hu	streamline our administra man Resources, Payroll an strative systems and proce	d Purchasing. This new

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

### Microsoft Authenticator (MFA)



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

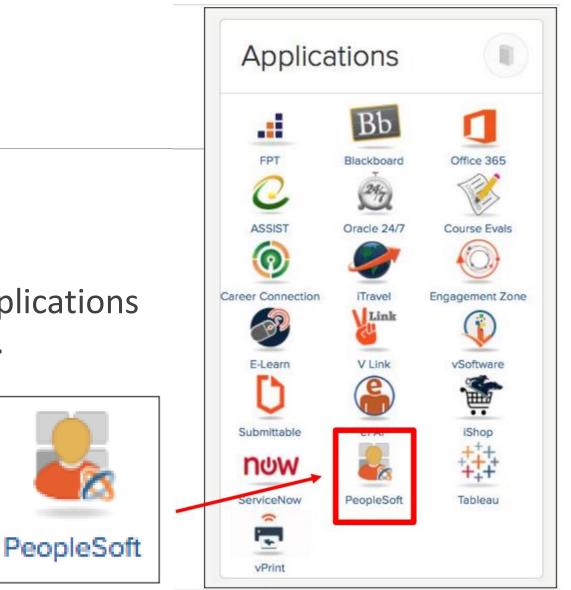
Example: Approving purchases, submitting absence and timecards, approving a workflow, etc.

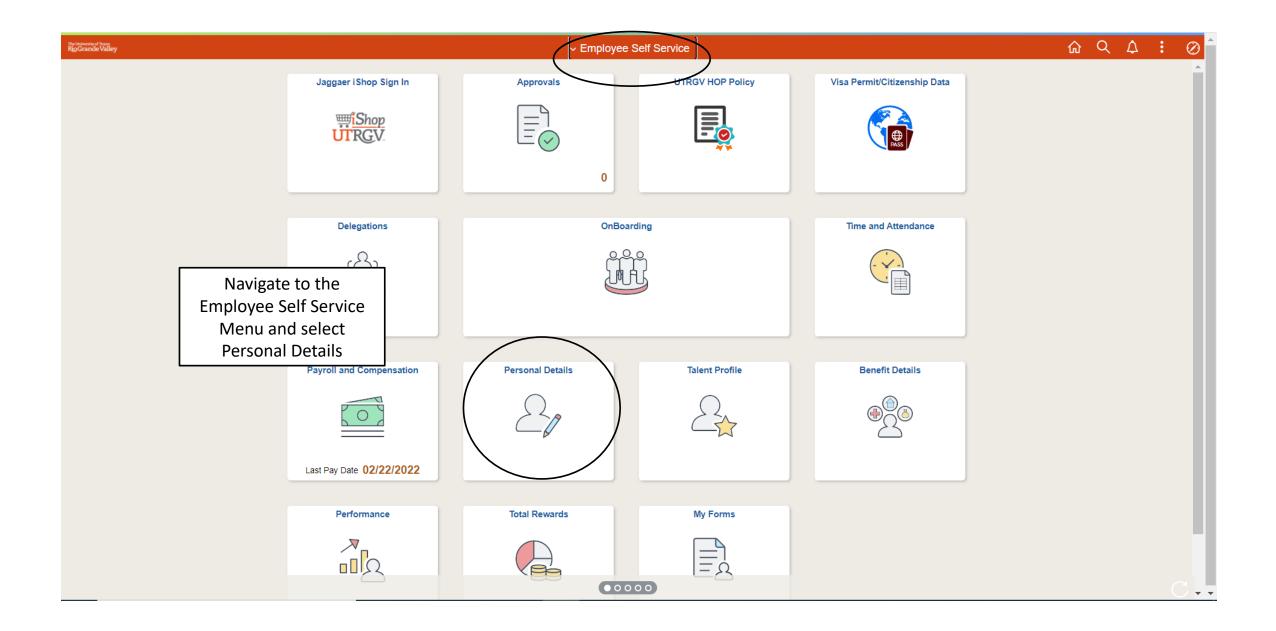
UTRGV uses Microsoft Multifactor Authenticator (MFA) to keep our information and applications secure

Set up your authentication method

## Log In

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





C Employee Self Service		Personal Details	🚖 📑	<b>Ø</b>
David Clarke ⓒ University Treasurer				
Addresses	Addresses			
Contact Details	Home Address			
Arital Status	123 Main Street Brownsville, TX 78520-8954	Current	Personal Details Summary	
Same	Mailing Address			
Number 2015 Ethnic Groups	Mailing Address 12345 Utrgv Blvd.		select <u>Disability</u>	
C Emergency Contacts	Brownsville, TX 78520 Cameron	Current	>	
Additional Information				
E Disability	>			
Veteran Status				

< Employee Self Service	Personal Details		
David Clarke University Treasurer			
Addresses	Voluntary Self-Identification of Disability	Read the entire form and	
Contact Details		Read the entire form and	
Marital Status	Why are you being asked to complete this form?	select the option that best	
Name	Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified per are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we h answer you give will be kept private and will not be used against you in any way.	describes you.	
Ethnic Groups	If you already work for us, your answer will not be used against you in any way. Because a person may become disable their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any earlier.	יישרעוריין ארי ערבי בעעורטע דער ער איז איז אווייערער איז	
Emergency Contacts	How do I know if I have a disability?		
Additional Information	You are considered to have a disability if you have a physical or mental impairment or medical condition that substantial	ly limits a major life activity, or if you have a history or record of such	
5 Disability	an impairment or medical condition. Disabilities include, but are not limited to:		
Leteran Status	Deafness     Cerebral palsy     Cancer     HIV/AIDS     Major depression     Obsessiv     Impairme     Multiple sclerosis (MS)     Impairme	Imatic stress disorder (PTSD) ve compulsive disorder ents requiring the use of a wheelchair al disability (previously called mental retardation)	
	Please select one of the options below:		
	YES, I HAVE A DISABILITY (or previously had a disability) NO, I DON'T HAVE A DISABILITY		

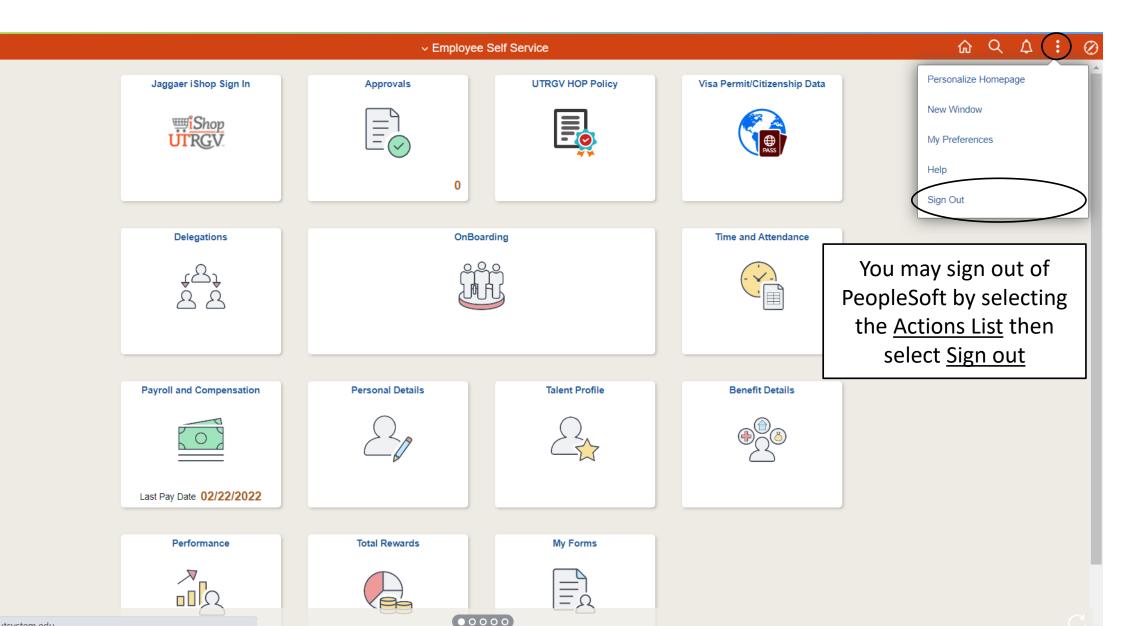
C Employee Self Service	Personal Details	A ≡ (	0
David Clarke University Treasurer			
Addresses	Voluntary Self-Identification of Disability		
😍 Contact Details	Form CC-305 OMB Control Number 1250-0005 Expires 1/31/205		
Aarital Status	Why are you being asked to complete this form?		
Name	Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. <sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any ay.		
Mark Ethnic Groups	If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.		
Emergency Contacts	How do I know if I have a disability?		
Additional Information	You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such		
👆 Disability	an impairment or medical condition. Disabilities include, but are not limited to:		
4 Veteran Status	Bindness     Autism     Bipolar disorder     Post-traumatic stress disorder (PTSD)     Deafness     Cerebral palsy     Major depression     Cancer     HIV/AIDS     Multiple sclerosis (MS)     Impairments requiring the use of a wheelchair	Once option is selected	
	Diabetes     Schizophrenia     Missing limbs or partially missing limbs     Intellectual disability (previously called mental retardation)     Intellectual disability (previously called mental retardation)		
	Please select one of the options below:           Please select one of the options below:           Please select one of the options below:	scroll down and click	
	NO, I DON'T HAVE A DISABILITY		
	I DON'T WISH TO ANSWER	Submit	
	Your Name Today's Date	<u></u>	
	Reasonable Accommodation Notice		
	Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.		
	"Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <u>www.dol.gov/ofccp</u> .		
	PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.		
	Submit		
			_

C Employee Self Service	Personal Details	A ≡ Ø
David Clarke University Treasurer		Once you select Submit you
Addresses	answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishn earlier.	will be asked if you are sure
Contact Details	How do I know if I have a disability?	you want to submit the
E Name	You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits an impairment or medical condition.	information. If all is correct
Number 2015	Disabilities include, but are not limited to:     Blindness • Autism • Bipolar disorder • Post-traumatic st     Deafness • Cerebral palsy • Major depression • Obsessive comp	click <u>OK</u>
C Emergency Contacts		lity (previously called mental retardation)
Additional Information	Please select one of the options below:	
🛃 Disability	□ YES, I HAVE A DISABILITY (or previously ha     OK     Cancel       ☑ NO, I DON'T HAVE A DISABILITY     Image: Concel     Image: Concel	
🚢 Veteran Status	Your Name David Clarke Today's Date 07/02/2018	
	Reasonable Accommodation Notice	
	Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if your to perform your job. Examples of reasonable accommodation include making a change to the application process or work provide a sign language interpreter, or using specialized equipment.	
	Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligat Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <a href="https://www.doi.gov/ofccp">www.doi.gov/ofccp</a> .	
	PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a col OMB control number. This survey should take about 5 minutes to complete.	lection of information unless such collection displays a valid

C Employee Self Service	Personal Details		<b>⋒</b> ≡ Ø
	The Submit was successful.	>	×
	answer you give will be kept private and will not be used against you in any way.		
Addresses	If you already work for us, your answer will not be used against you in any way. Because a person may become re their information every five years. You may voluntarily self-identify as having a disability on this form without fear	sabled at any time, we are required to ask all of our employees to undate	^
Contact Details	earlier.	A confirmation will appea	ar
A Marital Status	How do I know if I have a disability?	• •	
E Name	You are considered to have a disability if you have a physical or mental impairment or medical condition that sub an impairment or medical condition.	at the top of the screen.	_
Number 2015 Ethnic Groups		t-traumatic stress disorder (PTSD) sessive compulsive disorder	
C Emergency Contacts	Cancer      HIV/AIDS     Multiple sclerosis (MS)     Imp	airments requiring the use of a wheelchair llectual disability (previously called mental retardation)	
Additional Information	Please select one of the options below:		
🛃 Disability	<ul> <li>✓ YES, I HAVE A DISABILITY (or previously had a disability)</li> <li>✓ NO, I DON'T HAVE A DISABILITY</li> </ul>		
Veteran Status	I DON'T WISH TO ANSWER       Your Name David Clarke       Today's Date 07/02/2018		
	Reasonable Accommodation Notice		
	Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Ple or to perform your job. Examples of reasonable accommodation include making a change to the application proces a sign language interpreter, or using specialized equipment.		
	<sup>I</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal empl Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <u>www.dol.gov/ofccp</u> .	oyment obligations of Federal contractors, visit the U.S. Department of	
	PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to re OMB control number. This survey should take about 5 minutes to complete.	spond to a collection of information unless such collection displays a valid	
	Submit		~

C Employee Self Service	Personal Details	
David Clarke University Treasurer		
Addresses	Voluntary Self-Identification of Disability	Click on the Home Button to
Contact Details		
Narital Status	Why are you being asked to complete this form?	return to the PeopleSoft
Name	Because we do business with the government, we must reach out to, hire, and provide equal opportunity are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is volu answer you give will be kept private and will not be used against you in any way.	
4 Ethnic Groups	If you already work for us, your answer will not be used against you in any way. Because a person may b their information every five years. You may voluntarily self-identify as having a disability on this form withe earlier.	
Emergency Contacts	How do I know if I have a disability?	
Additional Information	You are considered to have a disability if you have a physical or mental impairment or medical condition t	nat substantially limits a major life activity, or if you have a history or record of such
الج Disability	an impairment or medical condition. Disabilities include, but are not limited to:	at substantially minto a major me deavity, or in you have a motory or record or submin
🕹 Veteran Status	Blindness · Autism · Bipolar disorder     Deafness · Cerebral palsy · Major depression     Cancer · HIV/AIDS · Multiple sclerosis (MS)     Diabetes · Schizophrenia · Missing limbs or partially missing limbs     Epilepsy · Muscular dystrophy	<ul> <li>Post-traumatic stress disorder (PTSD)</li> <li>Obsessive compulsive disorder</li> <li>Impairments requiring the use of a wheelchair</li> <li>Intellectual disability (previously called mental retardation)</li> </ul>
	Please select one of the options below:	
	□ YES, I HAVE A DISABILITY (or previously had a disability)	
	I DON'T WISH TO ANSWER       Your Name David Clarke     Today's Date 07/02/2018	
	Reasonable Accommodation Notice	
	Federal law requires employers to provide reasonable accommodation to qualified individuals with disabi or to perform your job. Examples of reasonable accommodation include making a change to the application or a size disapproximation convintion of a size disapproximation include making a change to the application of the application o	

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# Congratulations! You have successfully completed this topic. End of Procedure.