

# Employee Self Service- Request to Receive Direct Sick Leave Donations

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# PeopleSoft 9.2 Implementation

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## Quick Links

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✓ Timelines

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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

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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.

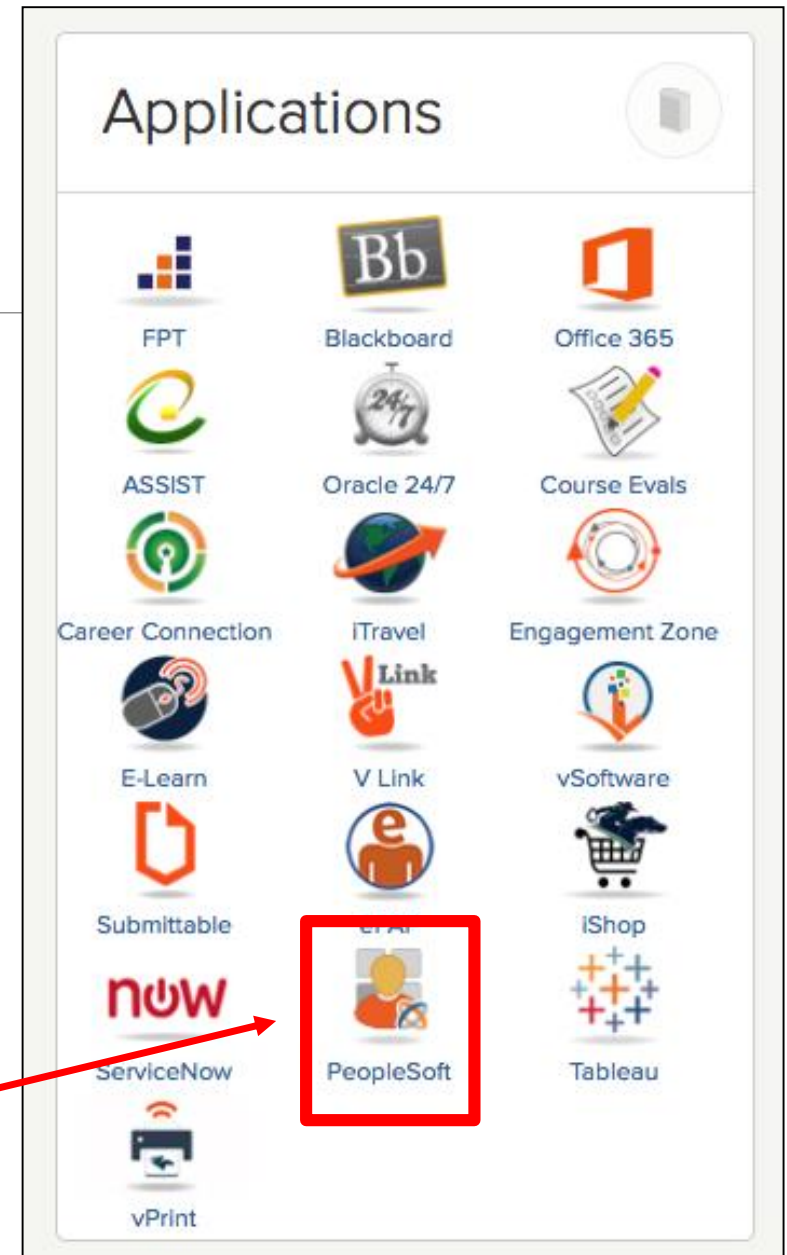
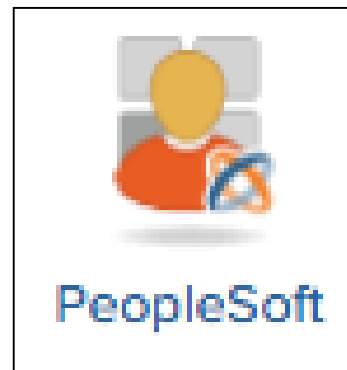
Enrollment after September 1, 2018

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](http://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




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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



Self Service Menu.  
Select Leave Transfer  
Requests

Last Pay Date 06/01/2018

Talent Profile



Benefit Details



Total Rewards

You are not authorized for this page.

NavBar: Navigator



Recent Places



My Favorites



Navigator



My Team



Pay

Self Service

Time Reporting

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Learning and Development

Recruiting

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Manage Delegation

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OnBoarding



Time and Attendance



Talent Profile



Benefit Details



Total Rewards



No Statement Available

Last Pay Date 06/01/2018

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 for 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 Direct Sick Leave Donation

RGV Sick Leave Pool

San Antonio Sick Leave Pool

Select Program

System Admin Sick Leave Pool

Tyler Sick Leave Pool

Type

Frequency

Ceiling Limit

Maximum Hours

End Date

Voluntary

9999999999.99

9999999999.99

Hours

8.00

01/01/1990

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 Direct  
Sick Leave  
Donation

## 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	<a href="#">View Balances</a>	
<input type="checkbox"/> This is a Recurring Occurrence			

### Leave Reason

Reason
<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.)

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  
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

- 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 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
<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.)

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 Extended Absence

**David Clarke**

University Treasurer

To create your request, complete the information in the Extended Absence Request Details section and select save for later or submit the request for approval. Additional information may be managed or viewed at a later time.

**Extended Absence Request Details**

\*Start Date 06/04/2018

\*Expected Return Date 06/08/2018

Actual Return Date

Absence Type Family and Medical Leave Act

\*Absence Name Serious Hlth Cndition - My Own

Current Balance 0.00 \*\*

[FMLA Eligibility \(Employee\)](#)

**Absence Requests**

**Absence Request**
Personalize | Find | View All | First 1 of 1 Last

Absence Requests	Status	Start Date	End Date	Duration	Source

Requestor Comments

Go To [View Extended Absence Request History](#)

[View Absence Balances](#)

Submit Save for Later

\* Required Field

\*\*Disclaimer The current balance does not reflect absences that have not been processed.

Check that all  
information is correct  
then click  
Submit

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



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Time and Attendance

Benefit Details

NavBar

Recent Places

My Favorites

Navigator

Select the bottom icon, Navigator

Navigator

Jaggaer iShop Sign In

UTRGV HOP Policy

Visa Permit/Citizenship Data



# Select Recipient Acknowledgement Form

Time

Last Pay Date 05/01/2019

Personal Details



Talent Profile



Benefit Details



Life Events



Total Rewards



No Statement Available

NavBar: Navigator



Recent Places



My Favorites



Navigator



Approvals



My Links



Expenses



Pay

Leave Transfer Requests

Donor Acknowledgement Form

Recipient Acknowledgement Form

Donate Leave Request

Receive Donated Leave Request

Return Unused Leave Request

Leave Transfer Request History

\*Job Title

# Direct Sick Leave Donation Recipient Acknowledgement Form

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A current employee may contribute an unlimited number of hours to another employee provided that the contribution will not cause the donor's balance to drop below fifty [50] hours and contributions must be in units of eight [8] hours.

The following criteria must be met to receive direct sick leave donations.

- I have exhausted my own personal sick leave.
- My absence was Sick Leave Pool eligible; I have exhausted the Sick Leave Pool award.
- The hours stated above will be added to my Sick leave balance.
- I have not been directly or indirectly intimidated, threatened, or coerced in relation to this Sick leave donation.
- I have not directly or indirectly intimidated, threatened, or coerced any employee in relation to this Sick leave donation.
- I have not and will not give any remuneration or gift in exchange for donated Sick leave.

☐ No I understand and agree to the statement above.

Submit

Submit Recipient  
Acknowledgment  
Form



Jaggaer iShop Sign In



UTRGV HOP Policy



Visa Permit/Citizenship Data



Time and Attendance



Expenses



Payroll and Compensation



Last Pay Date **05/01/2019**

Personal Details



Talent Profile



Benefit Details



Life Events



Total Rewards



No Statement Available

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.**