

**FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM**

TO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM: _____ **DEPARTMENT NAME:** Health & Human Services

DATE: 4/16/2010

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 160 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature: _____
Date: 4/16/2010

Department Head Signature:  Date: 4/16/2010

For Pool Admin Use Only	
Date of committee review:	_____
Court approval date:	_____
Payroll notified:	_____
Department notified:	_____
Employee notified:	_____

Current Position:	6351-0001
Length of Service:	7y2m
Date began FMLA:	3/24/2010
FMLA expires:	n/a
Sick Leave used:	46
Vacation used:	83
Comp time used:	0
Involuntary LOA:	n/a