

HUMAN RESOURCES DEPARTMENT
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR
Director of Human Resources

To: Judge Robert Hebert
Commissioner Richard Morrison
Commissioner Grady Prestage
Commissioner Andy Meyers
Commissioner James Patterson

From: Kent Edwards, Director of Human Resources

Date: August 27, 2010

Re: Extension of Unpaid Involuntary Leave of Absence for employee of Sheriffs Office,
Position # 5601-0329

Sheriff Wright has requested that an item be placed on the agenda for the September 7, 2010 meeting of Commissioners Court. The Sheriffs Office is requesting approval to extend an unpaid Involuntary Leave of Absence to an employee of the Sheriffs Office, Position # 5601-0329 .

As per Section 706.01 of the Fort Bend County Employee Information Manual, a leave of absence extending beyond 6 months shall require the approval of Commissioners Court. Supporting documentation is attached. If you have any questions, please contact Kathy Novosad at 281-341-8624.

**FORT BEND COUNTY SHERIFF'S OFFICE
JAIL DIVISION**

To: Milton Wright, Sheriff
K.C. Brady, Chief

From: Major J.A. Leach

Cc: Captain G. Jackson

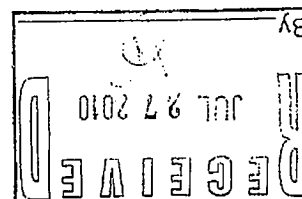
Date: July 21, 2010

Ref: C/O Extend Involuntary Leave of Absence

C/O [redacted] was hired on August 14, 2006. Prior to him beginning on FMLA he was a good employee. C/O [redacted] began FMLA on October 13, 2009 due to his medical condition and treatments. His FMLA was exhausted on January 5, 2010, and he began a six (6) month involuntary leave of absence. The six (6) months was exhausted on June 24, 2010.

C/O [redacted] has kept in touch with my office and his supervisors as to the status of his condition. He has also assisted a fellow employee who is going through the same medical condition and treatments.

C/O [redacted] is a team player and it is my recommendation his Involuntary Leave of Absence be extended for another six (6) months.



FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

Fort Bend County Request for Leave of Absence**(To be completed by Employee)**

I, J, request a leave of absence beginning 7/5/10 (date) and ending on 6/24/10 (date), for the following reasons:

medical treatments

Please Initial and Sign below to indicate your understanding of this policy:

☒ I understand that failure to return to work on or before the above ending date or failure to request an extension from my Department Head can result in my separation from the County.

☒ I understand it is my responsibility to contact the Risk Management Department for information about maintaining health care coverage during my leave of absence.

☒ I understand that I must exhaust all applicable accrued paid leave before unpaid leave will be granted.

☒ I understand that I must contact my supervisor the first work day of each week, or on another prearranged schedule, to report my status and intent to return to work.

☒ I understand that I will be required to present a fitness-for-duty certificate prior to being restored to employment if this leave is due to my own serious health condition. If such certification is not received, my return to work may be delayed until certification is provided.

☒ I understand that Fort Bend County does not guarantee that I will be reinstated to my own or any other position in the County. Reinstatement to any position shall be at the discretion of the elected official/department head.

(Signature of Employee)

7-21-10
(Date)

(To be completed by Department Head or Elected Official, and copy given to Employee)

This is to inform you that:

☒ Your request for a leave of absence is approved. This leave shall be designated (circle one)

Voluntary Leave of Absence

Involuntary Leave of Absence

☐ Your request for a leave of absence is denied
Reason for denial of leave:

(Signature of Dept. Head/Elected Official)

7-21-10
(Date)

FORM 7C

