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:

Kathy Novosad

Human Resources Generalist

SUBJECT:

Commissioners Court Agenda Item

Withdrawal Application, Shared Sick Leave Pool

DATE:

September 21, 2010

As provided by Section 712 of the Fort Bend County Employee Information Manual, Shared Sick Leave Pool, the administrative committee of the Pool is submitting this request for the September 28, 2010 session of Commissioners Court. The committee has reviewed the withdrawal application and finds the employee to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Juvenile Probation, Position #5751-0017

240 hours

Please contact Kathy Novosad at 281-341-8624 if you have any questions.

Sep.06.2010 07:30 PM ELwinLSims

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FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

	!
TO:	Shared Sick Leave Pool Administrator
	c/o Hurnan Resources Department
	T 1/4 2 1/1
FROM:	DEPARTMENT NAME TUVENILE PROPATOR
11017	
DATE:	8-14-2010
SUBJECT:	Withdrawal from Shared Sick Leave Pool
	a con 1000 land Problems
I am requestin	ig approval to withdraw sick leave from the Shared Sick Leave Pool for the
purpose of co	vering time spent away from work due to my serious medical condition. I
estimate that t	the amount of sick leave needed will be QLO hours.
_	The state of the second of the
I am a membe	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	e prior to withdrawing from the Pool. I also understand that I must meet the
criteria as spe	cified in Section 712, Shared Sick Leave Pool, of the Employee
Information N	Aunual, in order to withdraw from the Pool.
	The state of the state of the support of the
I have attache	d the FMLA form Certification of Health Care Provider in support of my
request.	
	ignature. Date: 8/14/20/0
Requestor's S	ignature.
Donostmant	lead Signature: 7-
Department r	toau pignaturo,

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

5751-0017
8yr11mo
6/24/2010
9/16/2010
264
85
0
9/17/2010