



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: October 22, 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 November 2, 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 CCL # 2, Position #4262-0004	116 hours
Employee of Treasurers Office, Position @ 4971-0003	80 hours

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

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORMTO: Shared Sick Leave Pool Administrator
c/o Human Resources DepartmentFROM: _____ DEPARTMENT NAME: CCL2DATE: 7/28/10

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 250 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: 7/28/10Department Head Signature: _____ Date: 7/29/10

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

Current Position:	4262-0004
Length of Service:	25y11
Date began FMLA:	10/25/2010
FMLA expires:	12/7/2010
Sick Leave used:	23
Vacation used:	120
Comp time used:	0
Involuntary LOA:	n/a

FORM 712-W

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

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

FROM: _____ DEPARTMENT NAME: Treasurer

DATE: 9/20/16

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 220 hours.

20 hrs
needed.

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: 9/20/10

Department Head Signature: [Signature] Date: 9/22/10

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

Current Position:	4971-0003
Length of Service:	10y11m
Date began FMLA:	9/13/2010
FMLA expires:	n/a
Sick Leave used:	40
Vacation used:	40
Comp time used:	0
Involuntary LOA:	n/a

4971

RM approved
KW approved
KR approved