



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: November 16, 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 23, 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:

<b>Employee of Community Development, Position # 6431-0006</b>	<b>140 hours</b>
<b>Employee of County Clerk, Position # 4031-0009</b>	<b>40 hours</b>
<b>Employee of Sheriffs Office, Position # 5601-0426</b>	<b>59 hours</b>

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

(B)

Committee will  
to approve 6 weeks only  
- 240 hrs  
- 105 accrued  
135 add

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: Community Development

DATE: 11-1-10

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 240 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: 11-1-10

Department Head Signature: Marilynn Kindell Date: 11/1/10

For Pool Admin Use Only	
Date of committee review:	<u>11/15/10</u>
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	6431-0006
Length of Service:	13y6m
Date began FMLA:	11/8/2010
FMLA expires:	2/1/2011
Sick Leave used:	15
Vacation used:	90
Comp time used:	0
Involuntary LOA:	n/a

(A)

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

all approval

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: County Clerk

DATE: October 18, 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 40 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: October 18, 2010

Department Head Signature: Diane Shepard Date: 10/18/2010

For Pool Admin Use Only	
Date of committee review:	<u>11/15/10</u>
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	4031-0009
Length of Service:	28y6m
Date began FMLA:	11/2/2010
FMLA expires:	1/26/2011
Sick Leave used:	48
Vacation used:	135
Comp time used:	0
Involuntary LOA:	n/a

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: SHERIFF'S OFFICE

DATE: 10-6-10

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 MAXIMUM 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: [Signature] Date: 10-6-10

Department Head Signature: [Signature] Date: 10-11-10

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

Approved  
11/15/2010. Employee  
unable to return to work  
until possibly January.  
Can receive up to 59  
more hours from  
pool.

130 hrs apply  
80 add'l needed  
210 total  
now = 280