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:

December 7, 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 December 14, 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 EMS, Position # 5401-0078

269 hours

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

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administration Conference of Human Resources Department		
FROM:	DEPARTMENT NAME: EMS - 5401A		
DATE:	11-22-10		
SUBJECT:	Withdrawal from Shared Sick Le	eave Pool	
purpose of cov	g approval to withdraw sick leave vering time spent away from work he amount of sick leave needed w	due to my serious medical o	Pool for the condition. I
hours of sick l vacation leave criteria as spec	r of the Shared Sick Leave Pool, I eave. I understand that I must first prior to withdrawing from the Posified in Section 712, Shared Sick Ianual, in order to withdraw from	st exhaust all of my own acci ool. I also understand that I n Leave Pool, of the Employe	rued sick and nust meet the
I have attached request.	d the FMLA form Certification of	Health Care Provider in sup	pport of my
Requestor's Si		Date: 11-23	2-10
Department H	ead Signature but the	Date: 12/2	<u>/ /0</u>
For Pool	Admin Use Only		
Date of comm	· · · · · · · · · · · · · · · · · · ·		
Court approva	l date:	Current Position:	5401-0078
		Length of Service:	5y1m
Payroll notifie	d:	Date began FMLA:	Nov 2 2010
		FMLA expires:	1/26/2011
Department no	otified:	Sick Leave used:	
		Vacation used:	21
Employee noti	fied:	Comp time used:	27
	2. 1	Toump and asca.	UI

Involuntary LOA:

n/a