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:

January 11, 2011

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 January 25, 2011 session of Commissioners Court. The committee has reviewed the withdrawal applications and finds the employees to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Juvenile Probation, Position # 5751-0067	80 hours
Employee of Sheriffs Office, Position # 5601-0633	192 hours
Employee of Road and Bridge, Position # 6111-0020	40 hours
Employee of Indigent Health, Position # 6401-0003	131 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 Administrator c/o Human Resources Department

FROM:

ion How server (Stay). DEPARTMENT NAME: Juvenile Probation

DATE:

01/05/2011

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 280 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:	
Department Head Signature:	w kn	Date:	5/11

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

5751-0067
20y3m
10/14/2010
1/6/2011
48
135
21
1/7/2011

Vacation used:

Comp time used:

Involuntary LOA:

28

32

n/a

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

10:	Shared Sick Leave Pool Administrato c/o Human Resources Department	r	
FROM:	DEPAI	RTMENT NAME: Sheriff's C	Hice
DATE:	1-4-11		
SUBJECT:	Withdrawal from Shared Sick Leave 1	Pool	
purpose of co	ing approval to withdraw sick leave from overing time spent away from work due the amount of sick leave needed will be	to my serious medical condition. I	
hours of sick vacation leav criteria as spe	per of the Shared Sick Leave Pool, having leave. I understand that I must first exhaps to withdrawing from the Pool. I ecified in Section 712, Shared Sick Leave Manual, in order to withdraw from the Pool.	aust all of my own accrued sick and also understand that I must meet the Pool, of the Employee	•
I have attache request.	ed the FMLA form Certification of Head	th Care Provider in support of my	
.		- 1 11 11	
Requestor's S	Signature:	Date:	
Department I	Head Signature:	Date:	
	ol Admin Use Only		
Date of comm	nittee review:	Current Position:	5601-0633
Court approv	ral date:	Length of Service:	5y
		Date began FMLA:	3/25/2010
Payroll notifi	ied:	FMLA hrs remaining	50
		Sick Leave used:	25

Department notified:

Employee notified:

194

14

n/a

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administ c/o Human Resources Department	nt	
FROM:	D)	EPARTMENT NAME: <u>6//</u>	1- A
DATE:	10/14/2010	EPARTMENT NAME: 6/1 Road	& Bridge
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 cor	
hours of sick l vacation leave criteria as spec	r of the Shared Sick Leave Pool, heave. I understand that I must first prior to withdrawing from the Pocified in Section 712, Shared Sick Ianual, in order to withdraw from	st exhaust all of my own accrue ol. I also understand that I mu Leave Pool, of the Employee	d sick and
I have attached request.	d the FMLA form Certification of	Health Care Provider in suppo	ort of my
Requestor's Si	ignature:	Date: 10-14-0	2010
Department H	ead Signature: Man A	Date: 1/3/	///
For Pool	Admin Use Only		
Date of comm	ittee review:	Current Position:	6111-00
		Length of Service:	. , 13y€
Court approva	l date:	Date began FMLA:	11/15/20
		FMLA hrs remaining	9/19/19
Payroll notifie	d:	Sick Leave used:	

Department notified:

Employee notified:

Vacation used:

Comp time used:

Involuntary LOA:

Department notified:

Employee notified:

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administrator	10011
,	c/o Human Resources Department	103
FROM:	ARTMENT NAME: I roligent	Health
DATE:	Shared Sick Leave Pool Administrator c/o Human Resources Denartment	
SUBJECT:	Withdrawal from Shared Sick Leave Pool	
purpose of corestimate that t	g approval to withdraw sick leave from the Shared Sick Leave Pool for the vering time spent away from work due to my serious medical condition. I he amount of sick leave needed will be hours. To the Shared Sick Leave Pool, having made the minimum donation of 8	
hours of sick l vacation leave criteria as spec	eave. I understand that I must first exhaust all of my own accrued sick and prior to withdrawing from the Pool. I also understand that I must meet the cified in Section 712, Shared Sick Leave Pool, of the Employee Ianual, in order to withdraw from the Pool.	
I have attached request.	d the FMLA form Certification of Health Care Provider in support of my	
Requestor's Si	ead Signature: Harl a Lavices Date: 1/12/16	
Department Ho	ead Signature: Karl a Lawree Date: 1/12/14	
For Pool	Admin Use Only	
Date of comm	ittee review:	
Court approva	l date:	201
Payroll notified	d:	