



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:

<b>Employee of Juvenile Probation, Position # 5751-0067</b>	<b>80 hours</b>
<b>Employee of Sheriffs Office, Position # 5601-0633</b>	<b>192 hours</b>
<b>Employee of Road and Bridge, Position # 6111-0020</b>	<b>40 hours</b>
<b>Employee of Indigent Health, Position # 6401-0003</b>	<b>131 hours</b>

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

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

*Employee released  
to return Jan 8, 2011.  
Hrs over 12/25-  
1/7/2011*

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

FROM: \_\_\_\_\_ 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~~ <sup>40</sup> 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: [Signature] Date: 1/5/11

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

Current Position:	5751-0067
Length of Service:	20y3m
Date began FMLA:	10/14/2010
FMLA hrs remaining	1/6/2011
Sick Leave used:	48
Vacation used:	135
Comp time used:	21
Involuntary LOA:	1/7/2011

**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: 1-4-11

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 ~~20 hours~~ hours. 192

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: 1-4-11

Department Head Signature: [Signature] Date: \_\_\_\_\_

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

Current Position:	5601-0633
Length of Service:	5y
Date began FMLA:	3/25/2010
FMLA hrs remaining	50
Sick Leave used:	25
Vacation used:	28
Comp time used:	32
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:

6111-A  
Road & Bridge

DATE:

10/14/2010

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: 10-14-2010

Department Head Signature:

Date: 1/3/11

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

Current Position:	6111-0020
Length of Service:	13y6m
Date began FMLA:	11/15/2010
FMLA hrs remaining	9/19/1900
Sick Leave used:	10
Vacation used:	194
Comp time used:	14
Involuntary LOA:	n/a

## 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: Indigent HealthDATE: 12/2/10Care

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 ~~275~~ 131 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: 12/2/10Department Head Signature: Karl A. Laines Date: 1/12/11

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

RECEIVED  
INDIGENT HEALTH CARE  
FORT BEND COUNTY  
2011 JAN 18 AM 11:17