



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: February 8, 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 February 22, 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 Human Resources, Position # 4121-0003	80 hours
Employee of CSCD, Position # 5701-0037	200 hours

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

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: Human ResourcesDATE: 2/1/11

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 80 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: 2/1/11Department Head Signature: Kent H. [Signature] Date: 2/1/11

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

Current Position:	4121-0003
Length of Service:	4y8m
Date began FMLA:	1/7/2011
FMLA hrs remaining	280.00
Sick Leave used:	40
Vacation used:	116
Comp time used:	0
Involuntary LOA:	n/a

REC'D FEB 1 2011

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

B

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

FEB 01 '11 AM 11:39

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

FROM: _____ DEPARTMENT NAME: CSCD

DATE: 01-29-11

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 480 hours. (3 months)

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: 01-29-11

Department Head Signature: Michael Enix Date: 2-1-11

- 333 max
approve 200
hours - if
LOA is
approved may
request more
hours

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

Current Position:	5701-0037
Length of Service:	9y8m
Date began FMLA:	12/1/2010
FMLA hrs remaining	208.00
Sick Leave used:	60
Vacation used:	122
Comp time used:	0
Involuntary LOA:	3/11/2011