



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: August 31, 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 September 6, 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 Sheriffs Office, Position # 5601-0057</b>	<b>160 hours</b>
<b>Employee of Library, Position # 6501-0032</b>	<b>96 hours</b>

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: \_\_\_\_\_ DEPARTMENT NAME: SO Dispatch

DATE: 8/11/11

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 160 hours. (*estimated*)

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 7.2, 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: 8/11/11

Department Head Signature: [Signature] Date: 8/17-11

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

Current Position:	5601-0057
Length of Service:	3y11m
Date began FMLA:	8/2/2011
FMLA hrs remaining	
Sick Leave used:	<u>62</u>
Vacation used:	<u>87</u>
Comp time used:	<u>128</u>
Involuntary LOA:	

FORM 712-W

By: [Signature]  
AUG 25 2011

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM:

DEPARTMENT NAME: Library

DATE:

8-25-11

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.

*Expected return 9/12  
New PAs*

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: \_\_\_\_\_

8/25/11

Department Head Signature: \_\_\_\_\_

*Mary J. Russell*

Date: \_\_\_\_\_

8/25/11

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

Current Position:	6501-0032
Length of Service:	19y9m
Date began FMLA:	8/1/2011
FMLA hrs remaining	300.00
Sick Leave used:	27
Vacation used:	120
Comp time used:	0
Involuntary LOA:	n/a

*19y 9m*

FORM

Thank you,