

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: JP3

DATE: 5-2-2012

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: 5/2/12

Department Head Signature: _____ Date: 5/3/12

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

Current Position:	4554-0006
Length of Service:	8y5m
Date began FMLA:	5/1/2012
FMLA hrs remaining	400
Sick Leave used:	28
Vacation used:	12
Comp Used:	0.00