



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
For December 18, 2012

DATE: December 11, 2012

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 Commissioners Court agenda. 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 Road and Bridge, Position # 6111-0126	300 hours
Employee of District Clerk, Position # 4501-0005	26 hours
Employee of District Clerk, Position # 4501-0023	97 hours

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

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: Road & BridgeDATE: 12-7-126111-D

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 MAX hours. *(to be determined)*

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: 12-7-12

Department Head Signature: _____

Date: 12/7/12

For Pool Admin Use Only	
Date of committee review:	<u>12/10</u>
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	6111-0126
Length of Service:	29y7m
Date began FMLA:	10/8/2012
FMLA hrs remaining:	376
Sick Leave used:	98
Vacation used:	190
Comp Used:	80.00
	0

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: DISTRICT CLERK'S OFFICE

DATE: 12-7-12

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 50 hours.

*26 hrs - back
work 12/10*

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: 12-7-12

Department Head Signature: Jessie K. K... Date: 12/05/2012

For Pool Admin Use Only	
Date of committee review:	<u>12/10</u>
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	4501-0005
Length of Service:	17y4m
Date began FMLA:	11/30/2012
FMLA hrs remaining	480
Sick Leave used:	5
Vacation used:	17
Comp Used:	0.00
Prev Pool Withdraw	184

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: DISTRICT CLERK'S OFFICE

DATE: 12-3-12

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 97 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: 12-3-12

Department Head Signature: Annie Rebecca Elliott Date: 11-29-12

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

Current Position:	4501-0023
Length of Service:	24y6m
Date began FMLA:	12/18/2012
FMLA hrs remaining	480
Sick Leave used:	8
Vacation used:	22
Comp Used:	0.00
Prev Pool Withdraw	0