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 January 8, 2013

DATE:

December 21, 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 Sheriff's Office, Position # 5601-0570 96 hours Employee of Extension Office, Position # 6651-0006 60 hours Employee of Risk Management, Position # 4101-0001 40 hours

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 c/o Human Resources D			
FROM:			TMENT NAME: ቯ	3C PATROL
DATE:	12/4/12			
SUBJECT:	Withdrawal from Shared	d Sick Leave Po	ool	
purpose of cov	ng approval to withdraw s vering time spent away fr he amount of sick leave r	om work due to	s my serious medical	
hours of sick l vacation leave criteria as spec	er of the Shared Sick Leave leave. I understand that I e prior to withdrawing fro cified in Section 712, Sha Manual, in order to withdra	must first exham the Pool. I a	oust all of my own acculso understand that I is Pool, of the Employe	rued sick and nust meet the
I have attached request.	d the FMLA form Certific	cation of Healt		
Requestor's Si	ignatur		Date: 12 4	12
Department H	ead Signature:	k conf	Date: /2-/	19-12
For Pool	Admin Use Only	_	*	•
Date of comm	ittee review:			T 5004 0570
			Current Position:	5601-0570
Court approva	1 date:	<u> </u>	Length of Service:	4y10m
Payroll notifie	d•		Date began FMLA:	12/21/2012

Current Position:	5601-0570		
Length of Service:	4y10m		
Date began FMLA:	12/21/2012		
FMLA hrs remaining	480		
Sick Leave used:	41		
Vacation used:	18		
Comp Used:	~ 37.00		
Prev Pool Withdraw	0		
IT TO A TOOL WILLIAM			

Department notified:

Employee notified:

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

10:	c/o Human Resources Department
FROM:	DEPARTMENT NAME: Extension Office
DATE:	12/17/12
SUBJECT:	Withdrawal from Shared Sick Leave Pool
purpose of cov	g approval to withdraw sick leave from the Shared Sick Leave Pool for the vering time spent away from work due to my serious medical condition. I he amount of sick leave needed will be 60 hours.
hours of sick l vacation leave criteria as spec	eave. I understand that I must first exhaust all of my own accrued sick and prior to withdrawing from the Pool. I also understand that I must meet the cified in Section 712, Shared Sick Leave Pool, of the Employee Ianual, in order to withdraw from the Pool.
I have attached request.	d the FMLA form Certification of Health Care Provider in support of my
Requestor's Si	gnature: 12 17 12
Department H	ead Signature: Musif Man Date: 12-17-2012

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

6651-0006
11y9m
11/12/2012
287
120
73
0.00
0

30

0.00

160

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administrator c/o Human Resources Department					
FROM:	, -	DEPA	ARTMENT NAME: _	Risk Monagement		
DATE:	12/18/12					
SUBJECT:	Withdrawal from Shared Si	ck Leave	e 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 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.						
			7			
Department Head Signature; Sandy Kulla Date: 12/19/12						
	Sando	1-10) () () () ()	100/10		
Department Head Signature; OWWY NOW Date: 13/19/12						
		U		•		
For Pool	Admin Use Only]	,	• •		
Date of comm		1		4404 0004		
			Current Position:	4101-0001		
Court approva	I date:		Length of Service:	15y9m		
			Date began FMLA:	12/31/2012		
Payroll notifie	d:		FMLA hrs remaining	480		
		,	Sick Leave used:	8		

Vacation used:

Prev Pool Withdraw

Comp Used:

Department notified:

Employee notified: