



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 Administrator  
c/o Human Resources Department

FROM: \_\_\_\_\_

DEPARTMENT NAME: FBC PATROL

DATE: 12/4/12

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 ~~240~~ hours. *96 accrued withdrawn 144*

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: 12/4/12

Department Head Signature: *Mark C. [Signature]*

Date: 12-12-12

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

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

**FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM**

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: Extension Office

DATE: 12/17/12

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 60 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: [Signature]

Date: 12/17/12

Department Head Signature: [Signature]

Date: 12-17-2012

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

Current Position:	6651-0006
Length of Service:	11y9m
Date began FMLA:	11/12/2012
FMLA hrs remaining	287
Sick Leave used:	120
Vacation used:	73
Comp Used:	0.00
Prev Pool Withdraw	0

**FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM**

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

FROM: \_\_\_\_\_, DEPARTMENT NAME: Risk Management

DATE: 12/18/12

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 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: 12/18/12

Department Head Signature: Sandy Kowea

Date: 12/19/12

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

Current Position:	4101-0001
Length of Service:	15y9m
Date began FMLA:	12/31/2012
FMLA hrs remaining	480
Sick Leave used:	8
Vacation used:	30
Comp Used:	0.00
Prev Pool Withdraw	160