## 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 February 26, 2013

DATE:

February 20, 2013

As provided by the Fort Bend County Employee Information Manual Section 712, 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 application and finds the employee to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Road and Bridge, Position # 6111-0063

88 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:	RTMENT NAME: 6111-A	
DATE:	2-8-13	
SUBJECT:	Withdrawal from Shared Sick Leave Pool	
purpose of co	ng approval to withdraw sick leave from the Shared Sick Leave Pool for the overing time spent away from work due to my serious medical condition. I the amount of sick leave needed will be hours. ### 3-4-13	while
hours of sick vacation leave criteria as spe	er of the Shared Sick Leave Pool, having made the minimum donation of 8 leave. I understand that I must first exhaust all of my own accrued sick and e prior to withdrawing from the Pool. I also understand that I must meet the ecified in Section 712, Shared Sick Leave Pool, of the Employee Manual, in order to withdraw from the Pool.	•
I have attache request.	ed the FMLA form Certification of Health Care Provider in support of my	
Requestor's S	ignature: 27/18	
Department H	Tead Signature: MM D Date: 7/7//3	
		,
For Pool	l Admin Use Only	
Date of comm		
	· ·	£1
Court approva	d date: Current Position:	6111-006
D11+:C	I enoth of Convices	2y5
Payroll notifie	Date began FMLA:	1/7/201
Department no	otified: FMLA hrs remaining	32

Sent to H.R. 2-8-13

78

90

50.00

Sick Leave used:

Prev Póol Withdraw

Vacation used:

Comp Used:

Department notified:

Employee notified: